
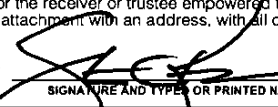


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90351 023 \*\*\*\*70.00

<b>DOCUMENT # N99000006784</b> 1. Entity Name <b>LITTLE MANATEE HOUSING CORPORATION</b>					
Principal Place of Business <b>19308 S.W. 380TH STREET FLORIDA CITY, FL 33034</b>			Mailing Address <b>P.O. BOX 343529 HOMESTEAD, FL 33034</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0979677</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KIRK, STEVEN 16445 OLD CUTLER ROAD MIAMI, FL 33157</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, STEVEN 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JENSEN, ROBERT 18640 S.W. 295TH TERRACE HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRO, FERNANDO JR 20310 S.W. 106TH AVENUE MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV JORN, EVAN 2519 W PALM DR TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, ARTURO 305 SOUTH FLAGLER STREET HOMESTEAD, FL 33030	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNA, SUSAN 35801 SW 186 AVE ANIDA CITY, FL 33034	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair person Dea Fridella 201 14th Ave. SE Ruskin, FL 33570				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paula Vowell 919 Manatee Village Drive Ruskin, FL 33570				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	778 West Palm Drive Florida City, FL 33034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Antonia Davila 918 Manatee Village Drive Ruskin, FL 33570				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/27/2006 305-242-2142		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		