

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104196

Entity Name: LITTLE WING ENTERPRISES, INC.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

985 CAPE SAN BLAS RD.
PORT ST. JOE, FL 32456

New Principal Place of Business:

985 CAPE SAN BLAS RD.
PORT ST. JOE, FL 32456 US

Current Mailing Address:

985 CAPE SAN BLAS RD.
PORT ST. JOE, FL 32456

New Mailing Address:

985 CAPE SAN BLAS RD.
PORT ST. JOE, FL 32456 US

FEI Number: 65-1054978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAHAN, MATTHEW
985 CAPE SAN BLAS RD.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

MAGIDSON, MEL C JR.
528 5TH STREET
PORT ST. JOE, FL 32456 US

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.

SIGNATURE: MEL MAGIDSON JR.,

05/21/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAHAN, MATTHEW
Address: 985 CAPE SAN BLAS RD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP (X) Delete
Name: TRAHAN, CHRISTINA S
Address: 985 CAPE SAN BLAS RD.
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRAHAN, MATTHEW
Address: 985 CAPE SAN BLAS RD.
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW TRAHAN

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05/21/2007

Electronic Signature of Signing Officer or Director

Date