

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000224

FILED
May 04, 2005
Secretary of State

Entity Name: LITTLE ANGELS ADOPTION AGENCY, INC.

Current Principal Place of Business:

211 CIRCLE SOUTH
5
SEBRING, FL 33870

New Principal Place of Business:

211 CIRCLE SOUTH
SUITE # 5
SEBRING, FL 33870

Current Mailing Address:

211 CIRCLE SOUTH
5
SEBRING, FL 33870

New Mailing Address:

211 CIRCLE SOUTH
SUITE #5
SEBRING, FL 33870

FEI Number: 59-3688366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, H. CHRISTOPHER II
1706 SOUTH KINGS AVENUE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

MCCRACKEN, SHANNON B
211 CIRCLE SOUTH SUITE #5
SEBRING, FL 33870 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: SHANNON MCCracken

05/04/2005

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: PSTD () Delete
Name: MCCracken, SHANNON
Address: 211 CIRCLE S #5
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: PREWITT, CYNTHIA
Address: 211 CIRCLE S #5
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: TOMPKINS, H. CHRISTOPHER II
Address: PO BOX 888
City-St-Zip: BRANDON, FL 335090888

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PREWITT, CYNTHIA
Address: 620 NE 118TH AVE. RD.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VD (X) Change () Addition
Name: MCCracken, MICHAEL C
Address: 1416 WILDE STREET
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHANNON MCCracken

PSTD

05/04/2005

Electronic Signature of Signing Officer or Director

Date