2006 FOR PROFIT CORPORATION ANNUAL REPORT

EII ED

Apr 17, 2006 8:00 am Secretary of State
04-17-2006 90377 027 ***158.75

DOCUMENT # P02000036430 1. Entity Name LITTLE BUDDY INC. 40051246 Principal Place of Business Mailing Address 5000 JUMPER ST. 5000 JUMPER ST. COCOA, FL 32927 COCOA, FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01-0669400 Not Applicable Zip Country Country Zip \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VENUTI, LOUIS Street Address (P.O. Box Number is Not Acceptable) 400 ORANGE ST. TITUSVILLE, FL 32789 City Zip Code 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 SIGNATURE _______Signature hypoid or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete THILE ☐ Change ☐ Addition DONCHE, MARK L NAME NAME STREET ADDRESS 5000 JUMPER ST. STREET ADDRESS CITY \$1-ZIP COCOA, FL 32927 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME DONCHE, SUSAN L NAME STREET ADDRESS 5000 JUMPER ST. STREET ADDRESS COCOA, FL 32927 CHY-ST-ZIP CUY ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST-ZIP Detete Change ☐ Addition TELLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST ZIP Defete HILLE ☐ Change Addition 4100 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR