



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90243 030 ***150.00

DOCUMENT # P02000054576					
1. Entity Name JOSHUA'S LITTLE PROJECT, INC.					
Principal Place of Business 4148A CORPORATE SQ. BLVD. NAPLES, FL 34104			Mailing Address 4148A CORPORATE SQ. BLVD. UNIT-B NAPLES, FL 34104		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 46-0481703	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITKIN, JERALD R ESQ. 801 ANCHOR RODE DRIVE SUITE 203 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name: <u>Kim Mitchell</u> Street Address (P.O. Box Number is Not Acceptable): <u>4148 A Corporate Square Blvd</u> City: <u>Naples</u> FL Zip Code: <u>34104</u>	
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: <u>Kim Mitchell</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-18-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <u>PSTD</u> NAME: <u>SHARON NIR</u> STREET ADDRESS: <u>4545 RADIO ROAD, UNIT B</u> CITY-ST-ZIP: <u>NAPLES, FL 34104</u>	<input type="checkbox"/> Delete		TITLE: <u>Change</u> NAME: <u>Kim Mitchell</u> STREET ADDRESS: <u>4148A Corporate Square Blvd</u> CITY-ST-ZIP: <u>Naples FL 34104</u>	<input type="checkbox"/> Addition	
TITLE: <u>CEO</u> NAME: <u>CROWLEY, WALTER</u> STREET ADDRESS: <u>4148A CORPORATE SQ. BLVD.</u> CITY-ST-ZIP: <u>NAPLES, FL 34104</u>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Kim Mitchell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4-18-05</u>		Daytime Phone #: <u>2396498533</u>