

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90053 017 \*\*\*150.00

**DOCUMENT # P02000056048**

1. Entity Name  
**MY LITTLE MASTERPIECE, INC.**



Principal Place of Business  
**3225 SOUTH MACDILL AVE STE 103  
TAMPA, FL 33629**

Mailing Address  
**3225 SOUTH MACDILL AVE STE 103  
TAMPA, FL 33629**



06212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1415155</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAKANSON, JEFFREY ESQ  
GIBBONS COHN NEUMAN P.A.  
3321 HENDERSON BLVD  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, GINA 3902 W CORONA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERS, MEGAN 2907 W BAYSHORE COURT TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Delete

**DO NOT WRITE  
IN THIS SPACE**

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:** *Gina Burnett / Gina Burnett, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/16/04* (813) *839-8737*

Attachment

54068984

**VIA FEDERAL EXPRESS**

Secretary of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

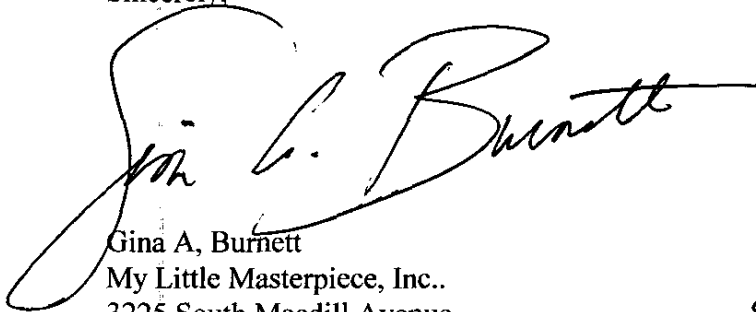
Re: My Little Masterpiece, Inc.  
Waiver Request for 2004 Uniform Business Report

Dear Sirs and Madams:

Please find enclosed the above-referenced corporation's Uniform Business Report Document # P02000056048 for 2004, together with a check in the amount of One Hundred Fifty and no/100 Dollars (\$150.00), which represents the annual fee associated with the UBR. This corporation never received the UBR form from the Division of Corporations and I was not made aware of this issue until today. I sincerely apologize for this matter and would consider it a great help if the Division of Corporations would agree to waive the late fee in this matter, which would have an extremely detrimental effect on our small corporation.

Please feel free to call me at the number above with any questions you may have.

Sincerely,



Gina A. Burnett  
My Little Masterpiece, Inc..  
3225 South Macdill Avenue  
Suite 103  
Tampa, FL 33629

Ph.- (813) 839-8737

8/16/04 @ 12:00  
Spoke with Tina (850) 245-6056  
and she said to  
Overtime \$150.00  
to Reinstatement Dept.  
Penalty has been waived.

Thank you  
Gina