

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000104652

1. Entity Name

LITTLE GOOSE 54 ENTERPRISES, INC.



Principal Place of Business

**29605 U.S. HIGHWAY 19 NORTH
SUITE 110
CLEARWATER, FL 33761**

Mailing Address

**29605 U.S. HIGHWAY 19 NORTH
SUITE 110
CLEARWATER, FL 33761**



04042006

No Chg-P

CR2E034 (11/05)

4. FEI Number

11-3655185

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LYONS, GARY W
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33758**

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME MILCOWITZ, LEONARD
STREET ADDRESS 29605 U.S. HIGHWAY 19 NORTH STE 110
CITY-ST-ZIP CLEARWATER, FL 33761**

**TITLE D
NAME MILCOWITZ, TAMMY JO
STREET ADDRESS 29605 U.S. HIGHWAY 19 NORTH STE 110
CITY-ST-ZIP CLEARWATER, FL 33761**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

**U00000528148
05/05/06-80025-008 150.00**

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #