


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90038 037 \*\*\*150.00

**DOCUMENT # P03000019450**

1. Entity Name  
 MY LITTLE SECRET, INC.




Principal Place of Business      Mailing Address  
 6742 W. FLAGLER                      6742 W. FLAGLER  
 MIAMI, FL 33144                      MIAMI, FL 33144

2. Principal Place of Business      3. Mailing Address  
 6742 W. FLAGLER                      SAME

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
 MIAMI FL

Zip    Country    Zip    Country  
 33144    FLA



05152006      Chg-P                      CR2E034 (11/05)

4. FEI Number                              Applied For  
 01-0768701                              Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOME, BLANCA A  
 8432 SW 38 STREET  
 MIAMI, FL 33159

7. Name and Address of New Registered Agent

Name    N/A  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    FL      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.

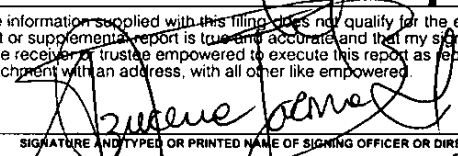
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOME, BLANCA A 6742 W. FLAGLER MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**       5/26/06      305-266-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #