

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064152

FILED  
Feb 17, 2004  
Secretary of State

Entity Name: LITTLE APPLE HOME SOLUTIONS, INC.

## Current Principal Place of Business:

5811 NE GULFSTREAM WAY #4008  
STUART, FL 34996

## New Principal Place of Business:

602 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984 US

## Current Mailing Address:

5811 NE GULFSTREAM WAY #4008  
STUART, FL 34996

## New Mailing Address:

2336 SE OCEAN BLVD  
113  
STUART, FL 34996

FEI Number: 05-0573762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MELILLO, DEBRA A  
5811 NE GULFSTREAM WAY #4008  
STUART, FL 34996

## Name and Address of New Registered Agent:

MELILLO, DEBRA A  
602 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984 US

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.

SIGNATURE: DEBRA MELILLO

02/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MELILLO, DEBRA A  
Address: 5811 NE GULFSTREAM WAY #4008  
City-St-Zip: STUART, FL 34996

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MELILLO, DEBRA A  
Address: 2336 SE OCEAN BLVD. #113  
City-St-Zip: STUART, FL 34996

Title: VP ( ) Change (X) Addition  
Name: HUGENS, PAUL  
Address: 2336 SE OCEAN BLVD # 113  
City-St-Zip: STUART, FL 34996 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA MELILLO

P

02/17/2004

Electronic Signature of Signing Officer or Director

Date