

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064152

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: LITTLE APPLE HOME SOLUTIONS, INC.

## Current Principal Place of Business:

2336 SE OCEAN BLVD., #398  
STUART, FL 34996 US

## New Principal Place of Business:

## Current Mailing Address:

2336 SE OCEAN BLVD  
#398  
STUART, FL 34996

## New Mailing Address:

FEI Number: 05-0573762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUGENS, PB  
622 SE PORT ST. LUCIE BLVD.  
PORT ST LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MELILLO, DEBRA A  
Address: 2336 SE OCEAN BLVD. #398  
City-St-Zip: STUART, FL 34996

Title: VP ( ) Delete  
Name: HUGENS, PAUL  
Address: 2336 SE OCEAN BLVD # 398  
City-St-Zip: STUART, FL 34996 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 A. MELILLO

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date