

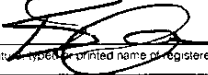



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90047 029 \*\*\*158.75

<b>DOCUMENT # P03000080793</b> 1. Entity Name LITTLE MAC, INC.					
Principal Place of Business 11021 CYPRESS ST TAVARES, FL 32778			Mailing Address 11021 CYPRESS ST TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box # <b>227 EAST MAIN ST</b> Suite, Apt. #, etc. <b>TAVARES, FL</b> City & State		3. Mailing Address <b>227 EAST MAIN ST.</b> Suite, Apt. #, etc. <b>TAVARES, FL</b> City & State			
Zip <b>32778</b>		Country <b>LAKE</b>		4. FEI Number <b>20-0111704</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KELLY, NEIL</b> <b>11021 CYPRESS ST</b> <b>TAVARES, FL 32778</b>			7. Name and Address of New Registered Agent Name <b>BRYAN ALLIGOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>227 EAST MAIN ST.</b> City <b>TAVARES</b> <b>FL</b> Zip Code <b>32778</b>		
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 		<b>BRYAN ALLIGOOD PRESIDENT</b>		<b>4/28/07</b>	
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P KELLY, NEIL 11021 CYPRESS ST TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN ALLIGOOD 227 EAST MAIN ST. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, SHARRON F 11021 CYPRESS ST TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BILL SQUIRES 33913 HIGHLAND ROAD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, AMANDA G 11021 CYPRESS ST TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>BRYAN ALLIGOOD</b> <b>4/28/07</b> <b>(352)343-6313</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

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