


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000103269 1. Entity Name TONYLITTLE.COM, INC.	
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Principal Place of Business 11880 28TH ST N ST. PETERSBURG, FL 33716	Mailing Address 11880 28TH ST N ST PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0245921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I
501 EAST KENNEDY BLVD STE 1700
TAMPA, FL 33602

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	LITTLE, ANTHONY A
STREET ADDRESS	11880 28TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80052-022 150.00

**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: Karen Larson Date: 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #