## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2006 08:00 AM Secretary of State

727.389-7794

Daytime Phone #

DOCUMENT # P03000123211					Secretary of Sta		
1. Entity Nam STEVE L	TTLE INC.	S Ch. Ch.			CHICAGO BALE AS A		
	the company of the Color of the	g 1994 K. Stag ya A. Gunda and A. Stag ya A. A. Gunda and A. Stag ya A. A.		7-  🌣 - 🗥	e serie di Britani di Gardia	1	
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			į	
8821 W RIVERWOOD DR PO BOX 211 CRYSTAL RIVER, FL 34428 PORT RICHEY, FL 34656						;	
CK13TAL KIV	CK,.FE 34420 .	NEW PORT RIGHET, FL 34000					
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			CE .	07122006	No Chg-P CR	2E034 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Numb		Applied For Not Applicable	
			ir.	5. Certificate of Status Desired		\$8.75 Additional	
	6. Name and Address of Current Re	왕(학교교육(왕) 원생(미글)) Distored Agent	See a surviva	(11) 3. Arabbarranilet (	5 75 88 U.S. 10 10 10 10 10 10 10 10 10 10 10 10 10	Fee Required	
LITTLE, STEVEN M 8821 W RIVERWOOD DR CRYSTAL RIVER, FL 34428				DO	<b>NOT WRI</b>	real from the second	
				i IN	THIS SPAC	E	
	named entity submits this statement for th	e purpose of changing its register	ed office or reg	istered agent, or bo	th, in the State of Florida. I	am familiar with, and accept	
the obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and t	title if applicable. (NOTE: Registers	id Agent signature rec	quired when reinstating)	la de la companya de	NE .	
		A Floation Compaign Final		<b>65.00</b>		227 127 127 127 127	
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Final     Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. corporation did not re	607.193(2)(b), F.S., the ceive the prior notice.	
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME	DPST LITTLE, STEVEN M						
STREET ADDRESS	8821 W RIVERWOOD DR		Harrier Int				
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428				U00000571	840	
TITLE NAME					07/21/06-800	042013512815	
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP					NOT WRI		
TITLE NAME				IN:	THIS SPAC	SE REPORT OF	
STREET ADDRESS							
CITY-ST-ZIP TITLE		-				principal track of the stand	
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE	,						
NAME STREET ADDRESS	; ,						
CITY-ST-ZIP							
	certify that the information supplied with thi on this report or supplemental report is tru						
of the cor	poration or the receiver or trustee empower, or on an attachment with a podress, with	red to execute this report as requi	ired by Chapter	607, Florida Statute	es; and that my name appe	ars in Block 10 or Block 11 if	
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SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR