

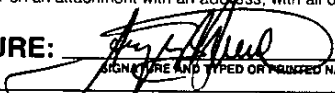


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 043 ***150.00

DOCUMENT # P04000035260 1. Entity Name LITTLE SECRET IMPORT & EXPORT CORPORATION																																																																																																																													
Principal Place of Business 195 S. WESTMONTE DR., SUITE G ALTAMONTE SPRINGS, FL 32714			Mailing Address 195 S. WESTMONTE DR., SUITE G ALTAMONTE SPRINGS, FL 32714																																																																																																																										
2. Principal Place of Business 195 S. WESTMONTE DR		3. Mailing Address 195 S. WESTMONTE DR		 03152005 Chg-P CR2E034 (10/03)																																																																																																																									
Suite, Apt. #, etc. SUITE 1114		Suite, Apt. #, etc. SUITE 1114																																																																																																																											
City & State ALTAMONTE SPRINGS FL		City & State ALTAMONTE SPRINGS FL																																																																																																																											
Zip 32714		Zip 32714																																																																																																																											
Country USA		Country USA		4. FEI Number 20-0814360																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent FERREIRA, AUGUSTO 195 S. WESTMONTE DR., SUITE G ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">DPVT</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEIXOTO, RAYMUNDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13148 HEATHER MOSS DR APT 309 BLDG 3</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 328375525</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CEOT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FILHO, BITTENCOURT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13148 HEATHER MOSS DR APT 309 BLDG 3</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 328375525</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FERREIRA, AUGUSTO S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>195 S. WESTMONTE DR., SUITE G</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALTAMONTE SPRINGS, FL 32714</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> </div> </div>						TITLE	DPVT	<input type="checkbox"/> Delete	NAME	PEIXOTO, RAYMUNDO		STREET ADDRESS	13148 HEATHER MOSS DR APT 309 BLDG 3		CITY - ST - ZIP	ORLANDO, FL 328375525		TITLE	CEOT	<input type="checkbox"/> Delete	NAME	FILHO, BITTENCOURT		STREET ADDRESS	13148 HEATHER MOSS DR APT 309 BLDG 3		CITY - ST - ZIP	ORLANDO, FL 328375525		TITLE	D	<input type="checkbox"/> Delete	NAME	FERREIRA, AUGUSTO S		STREET ADDRESS	195 S. WESTMONTE DR., SUITE G		CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	DPVT	<input type="checkbox"/> Delete																																																																																																																											
NAME	PEIXOTO, RAYMUNDO																																																																																																																												
STREET ADDRESS	13148 HEATHER MOSS DR APT 309 BLDG 3																																																																																																																												
CITY - ST - ZIP	ORLANDO, FL 328375525																																																																																																																												
TITLE	CEOT	<input type="checkbox"/> Delete																																																																																																																											
NAME	FILHO, BITTENCOURT																																																																																																																												
STREET ADDRESS	13148 HEATHER MOSS DR APT 309 BLDG 3																																																																																																																												
CITY - ST - ZIP	ORLANDO, FL 328375525																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	FERREIRA, AUGUSTO S																																																																																																																												
STREET ADDRESS	195 S. WESTMONTE DR., SUITE G																																																																																																																												
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  AUGUSTO FERREIRA DIRECTOR 04-21-05 407-786-6400																																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													