


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90102 030 ***150.00

DOCUMENT # P04000092214 1. Entity Name MARY ANN LITTLE, INC.			
Principal Place of Business 3200 U.S. HWY 27 SOUTH SUITE 304 SEBRING, FL 33870 US		Mailing Address 3200 U.S. HWY 27 SOUTH SUITE 304 SEBRING, FL 33870 US	
2. Principal Place of Business - No P.O. Box # 104 Medical Center Ave Suite, Apt. #, etc.		3. Mailing Address 104 Medical Center Ave Suite, Apt. #, etc.	
City & State Sebring Florida Zip 33870 Country Highlands		City & State Sebring Florida Zip 33870 Country Highlands	
4. FEI Number 20-1251523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, MARY ANN 3200 U.S. HWY 27 SOUTH SUITE 304 SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Mary Ann Little Street Address (P.O. Box Number is Not Acceptable) 104 Medical Center Ave City Sebring FL Zip Code 33870	
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 <u>Mary Ann Little</u> MARY ANN LITTLE 4.25.07 <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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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/T <input type="checkbox"/> Delete LITTLE, MARY ANN 3200 U.S. HWY 27 SOUTH SUITE 304 SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARY ANN LITTLE 104 Medical Center Avenue Sebring FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	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	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	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: <u>Mary Ann Little</u> MARY ANN LITTLE		Date 4.25.07 Daytime Phone # (863) 314-0622	