2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005
Secretary of State

DOCUMENT# P04000150385

Entity Name: LITTLE LAS VEGAS ,INC.

Current Principal Place of Business:

5660 BAYSHORE ROAD
UNIT #44
NORTH FORT MYERS, FL 33991

New Principal Place of Business:

Current Mailing Address:

5660 BAYSHORE ROAD
UNIT #44
NORTH FORT MYERS, FL 33991

New Mailing Address:

FEI Number: 20-2125039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACK, ARLIE R
1414 SW 11TH. PLACE
CAPE CORAL, FL 33991 LEE US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BURGIN, EDWARD A
Address: 214 CLONIPER DR.
City-St-Zip: MURFREESBORO, TN 37129

Title: VP ( ) Delete
Name: HOLLIS, LESLIE F
Address: 4912 CALLY STREET
City-St-Zip: MURFREESBORO, TN 37128

Title: CFO ( ) Delete
Name: PACK, ARLIE R
Address: 1414 SW 11TH. PLACE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURGIN, EDWARD A
Address: 214 JUNIPER DR.
City-St-Zip: MURFREESBORO, TN 37129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLIE PACK RA 08/31/2005
Electronic Signature of Signing Officer or Director Date