2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # P04000162173 LITTLE ROCK INVESTMENTS, CORP Mailing Address Principal Place of Business 15493 SW 96 TERR 15493 SW 96 TERR MIAMI, FL 33196 MIAMI, FL 33196 01152008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1960644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ST M LEWIS, COLIN DO NOT WRITE 15493 SW 96 TERR MIAMI, FL 33196 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. 1 am familiar with, and accept the obligations of registered agent. 01-19-06 SIGNATURE Signature, typed or printed name of registered agent and title it applicable INDITE. Begistered Agent signature required when reinstalling) Un0000410545 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 n2/n9/06-80041-014 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ST M LEWIS, COLIN NAME 15493 SW 96 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ΣΙΤΩΕ NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 reserver 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-06

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