## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000046348

Address:

City-St-Zip:

1103 MARBELLA PLAZA DR.

TAMPA, FL 33619

Entity Name: LITTLE CHAPEL PRODUCTS, INC.

FILED Mar 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 711 N. FLORIDA AVE. SUITE 229 TAMPA, FL 33601 **New Mailing Address: Current Mailing Address:** 711 N. FLORIDA AVE. SUITE 229 TAMPA, FL 33601 FEI Number: 20-2575855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORTO, CURRAN K ESQ. 1103 MÁRBELLA PLAZA DR TAMPA, FL 33619 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition UNTERMAN, JOSEPH P Name: Name: 1103 MARBELLA PLAZA DR Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BANKS, CHARLES Name: 711 N. FLORIDA AVE., STE 229 Address: Address: TAMPA, FL 33601 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MAGGIORA, NORBERTO Name: Name: 711 N. FLORIDA AVE., STE 229 Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition PORTO, CURRAN K Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: CURRAN K PORTO ESQ STD 03/31/2006