
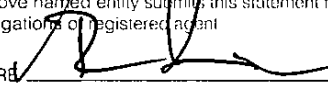


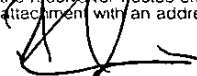
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90241 042 \*\*\*150.00

<b>DOCUMENT # P05000078961</b>			
1. Entity Name <b>LITTLE-KISS, INC.</b>			
Principal Place of Business <b>1227 S.W. 8TH AVENUE FT LAUDERDALE FL 33315</b>		Mailing Address <b>1227 S.W. 8TH AVENUE FT LAUDERDALE FL 33315</b>	
2. Principal Place of Business <b>802 SW 12TH COURT</b>		3. Mailing Address <b>802 SW 12TH COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale FL</b>		City & State <b>Fort Lauderdale FL</b>	
Zip <b>33315</b>	Country <b>Broward</b>	Zip <b>33315</b>	Country <b>Broward</b>
6. Name and Address of Current Registered Agent <b>KISS, BELA 1227 S.W. 8TH AVENUE FT LAUDERDALE FL 33315</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>802 SW 12TH COURT</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33315</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>04/10/06</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD KISS, BELA 1227 S.W. 8TH AVENUE FT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>802 SW 12TH COURT FT LAUDERDALE FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LITTLE, JENNIFER 1227 S.W. 8TH AVENUE FT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>802 SW 12TH COURT FT LAUDERDALE FL 33315</b>
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 Section 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 trustee 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:**  **BELA KISS** **04/10/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #