

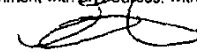


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

07-31-2006 90005 020 ***150.00

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| DOCUMENT # P05000105543 | | | |  | |
| 1. Entity Name LITL, INC. | | | | | |
| Principal Place of Business 77 SANTA MONICA COURT ROYAL PALM BEACH, FL 33411 | | | Mailing Address 77 SANTA MONICA COURT ROYAL PALM BEACH, FL 33411 | | |
| 2. Principal Place of Business 77 Santa Monica Ct Suite, Apt. #, etc. | | | 3. Mailing Address 77 Santa Monica Ct Suite, Apt. #, etc. | | |
| City & State Royal Palm Beach, FLs | | | City & State Royal Palm Beach, FLs | | |
| Zip 33411 | | Country Palm Beach | | 4. FEI Number 51-0580320 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LEAVER, GEORGE 77 SANTA MONICA CT ROYAL PALM BEACH, FL 33411 | | | 7. Name and Address of New Registered Agent Name - George Leaver Street Address (P.O. Box Number is Not Acceptable) 77 Santa Monica Ct. City Royal Palm Beach FL Zip Code 33411 | | |
| 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  <small>Signature, typed or printed name of registered agent and fee if applicable</small> | | | | DATE 7-28-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEAVER, GEORGE 77 SANTA MONICA CT ROYAL PALM BEACH, FL 33411 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 7-28-06 DAYTIME PHONE # 263 4189 | |