2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000105543 1. Entity Name LITL, INC.					07-31-2006 90005 020 ***150.00			
Principal Place of Business Mailing Address					7	u v		
77 SANTA MONICA COURT 77 SANTA MONICA COUR ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL				1]			
(CONE CALIFORNIA, LE 33411								
Principal Place of Business 3. Mailing Address								
77 Santa Munica Ct 77 Santy M			Mon	ica Ct] 	TO MUTTON BINCO MUTTER METER T	BESTE ESTATS OF BESTER DELITY THEFE THE	TO INIOCI A 1601
Suite, Apt. #, etc. Suite Apt. #, etc.					07252006	Chg-P	CR2E034 (11/0	05)
City & State Royal Polm Beuch . Fla		City & State 2 2	Royal Palm Reach, Rig		4. FEI Number			Applied For
					51-0580320			Not Applicable Additional
334		33411	P91.	" Brach	I	of Status Desired	Fee Req	Additional uired
	6. Name and Address of Current Re	7. Name and	d Address of New					
LEAVER, GEORGE					Address (P.O. Box Number is Not Acceptable)			
77 SANTA MONICA CT ROYAL PALM BEACH, FL 33411			-					
			ļ	77 santa Monica Ct.				
(City Roya	1 Palm	Beach	FL Zip C	3411
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 registerize-egent.								
7 28:116								
SIGNATURE Signature, typed or printed memor of reglammaculagent and stall applicable (NOTE: Registered Agent alignature regulated when rematasing) DATE								
FILE NOWILI FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be Due by September 6, 2006 9. Election Campaign Financing \$5,00 May Be Corporation did not							with s. 607.193(2)(I I not receive the pri	b), F.S., the or notice.
10.	· OFFICERS AND DIF		11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11
TITLE NAME	P LEAVER, GEORGE	Delete	TITLE NAME				Chang	pe 🔲 Addition
STREET ADDRESS	77 SANTA MONICA CT			T ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		-}	ST-ZIP				
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STREET AGORESS			1	T ADORESS				
CITY-ST-ZIP		☐ Delete	TITLE	ST- ZIP			Chang	e 🔲 Addition
NAME		- Deline	NAME					——————————————————————————————————————
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INTLE		☐ Delete	MITE				☐ Chang	e 🔲 Addition
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RITLE NAME		Defete	TITLE NAME				Chang	e Addition
STREET ADDRESS			STREET	T ADDRESS				
CITY-ST-ZIP		- Diameter - 197		\$T- ZIP	the Object of the) De-22- 0	1.6	
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: 7-28-06 2634189								
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