

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133151

Entity Name: LIL' PEOPLES PLACE INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

2352 SE BLACKWELL DR
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

6550 NW SELVITZ RD
PORT ST. LUCIE, FL 34983

Current Mailing Address:

2352 SE BLACKWELL DR
PORT ST. LUCIE, FL 34952

New Mailing Address:

6550 NW SELVITZ RD
PORT ST. LUCIE, FL 34983

FEI Number: 20-3591328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, JOANNE F
1948 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

FONTAINE, JOANNE F
2352 SE WEST BLACKWELL DRIVE
PORT ST. LUCIE, FL 34952 US

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:

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FONTAINE, JOANNE F
Address: 1948 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: P () Delete
Name: FONTAINE, DAVID P
Address: 1948 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T () Delete
Name: COULOMBE, CAMILLE M
Address: 1948 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FONTAINE, JOANNE F
Address: 2352 SE WEST BLACKWELL DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: P (X) Change () Addition
Name: FONTAINE, DAVID P
Address: 2352 SE WEST BLACKWELL DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T (X) Change () Addition
Name: COULOMBE, CAMILLE M
Address: 2352 SE WEST BLACKWELL DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

SIGNATURE: JOANNE F. FONTAINE

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date