

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90004 010 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|  |                       |   |   |   |                                   |
|--|-----------------------|---|---|---|-----------------------------------|
| <b>DOCUMENT # P07000097840</b>   |                       |   |   |  |                                   |
| 1. Entity Name<br>LITTLE MOIR'S LEFT OVERS, INC.   |                       |   |   |   |                                   |
| Principal Place of Business<br>5560 OLD MYSTIC COURT<br>JUPITER, FL 33458  |                       |   | Mailing Address<br>5560 OLD MYSTIC COURT<br>JUPITER, FL 33458 |   |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                       | 3. Mailing Address  |   |   |                                   |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.   |   |   |                                   |
| City & State   |                       | City & State  |   |   |                                   |
| Zip  | Country               | Zip   | Country   | 4. FEI Number: <b>260873504</b>   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                       |   |   | Applied For<br>Not Applicable   |                                   |
| 6. Name and Address of Current Registered Agent<br><br>MOIR, MICHAEL<br>5560 OLD MYSTIC COURT<br>JUPITER, FL 33458   |                       |   |   | 7. Name and Address of New Registered Agent                                       |                                   |
|  |                       |   |   | Name  |                                   |
|  |                       |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |                       |   |   | City  |                                   |
|  |                       |   |   | FL Zip Code   |                                   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)</small>  |                       |   |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |   |                                   |
| TITLE  | P                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | MOIR, MICHAEL W       |   | NAME  |   |                                   |
| STREET ADDRESS   | 5560 OLD MYSTIC COURT |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | JUPITER, FL 33458     |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME  |   |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME  |   |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME  |   |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |                                   |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                       |   | NAME  |   |                                   |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |                                   |
| 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: <u>Michael W Moir</u>   |                       | <u>Major Mike Company President</u>   |   | Date: <u>02/23/08</u>   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                       | <small>Date</small>   |   | <small>Daytime Phone #</small>  |                                   |

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02152008 Chg-P CR2E034 (12/06)