2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110302

FILED Jan 04, 2008 Secretary of State

Entity Name: LOLLIPOP AND LADYBUGS PARTY CREATIONS, INC

Current Principal Place of Business:		New Principal Place of Business:		
3761 SW : CUTLER I	220 ST BAY, FL 33190	US		
Current N	Mailing Address	::	New Mailing Addres	s:
3761 SW : CUTLER I	220 ST BAY, FL 33190	US		
El Number	: 26-1279589	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
MARQUE 3761 SW : MIAMI, FL		MRS		
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,
	e of Florida. RE:			d office or registered agent, or both,
n the Stat SIGNATU	e of Florida. RE: Electroni	c Signature of Registered Ag		d office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE: Electroni			
n the Stat SIGNATU Election Ca	e of Florida. RE: Electroni	c Signature of Registered Ag Trust Fund Contribution ().	gent	
n the Stat SIGNATU Election Ca	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete MRS /E APT 102	gent	Date
n the Stat BIGNATU Election Ca DFFICER Title: lame: .ddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT P () I RAMOS, ROSA 21269 SW 85 AV MIAMI, FL 3318	C Signature of Registered Ag Trust Fund Contribution (). CORS: Delete MRS (FE APT 102 9 US Delete QUELIN MRS	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ROSA RAMOS OWNE 01/04/2008