2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073982

Entity Name: LITTLE ROCK CLAIMS INC.

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1245 JAM LANE 7632 HARDAWAY DR ODESSA, FL 33556

NEW PORT RICHEY, FL 34653

Current Mailing Address: New Mailing Address:

1245 JAM LANE 7632 HARDAWAY DR ODESSA, FL 33556

NEW PORT RICHEY, FL 34653

FEI Number: 01-0910564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, ROCHELLE THOMPSON, ROCHELLE 1245 JAM LANE 7632 HARDAWAY DR US

ODESSA, FL 33556 NEW PORT RICHEY, FL 34653 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: ROCHELLE THOMPSON 04/18/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition THOMPSON, ROCHELLE THOMPSON, ROCHELLE Name: Name: 7632 HARDAWAY DR #C 1245 JAM LANE Address: Address:

City-St-Zip: ODESSA, FL 33556 City-St-Zip: NEW PORT RICHEY, FL 34653

VP/T Title: (X) Change () Addition Title: () Delete THOMPSON, ROCHELLE Name: Name: THOMPSON, ROCHELLE 1245 JAM LANE 7632 HARDAWAY DR #C Address: Address: ODESSA, FL 33556 NEW PORT RICHEY, FL 34653 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

THOMPSON, ROCHELLE Name: THOMPSON, ROCHELLE Name: 1245 JAM LANE 7632 HARDAWAY DR #C Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: NEW PORT RICHEY, FL 34653

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: ROCHELLE THOMPSON D/P 04/18/2009