

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093353

Entity Name: LITTLE BY LITTLE, INC

FILED
Aug 10, 2009
Secretary of State

Current Principal Place of Business:

9421 SW 122 AVENUE
MIAMI, FL 33186

New Principal Place of Business:

15322 SW 113 TERR
MIAMI, FL 33196

Current Mailing Address:

9421 SW 122 AVENUE
MIAMI, FL 33186

New Mailing Address:

15322 SW 113 TERR
MIAMI, FL 33196

FEI Number: 26-4215908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELLEN, CLYDE B
9421 SW 122 AVENUE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SHELLEN, CLYDE B
15322 SW 113 TERR
MIAMI, FL 33196 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: CLYDE B. SHELLEN

08/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHELLEN, CLYDE B
Address: 9421 SW 122 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: SHELLEN, MARIA LUISA
Address: 9421 SW 122 AVENUE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHELLEN, CLYDE B
Address: 15322 SW 113 TERR
City-St-Zip: MIAMI, FL 33196

Title: D (X) Change () Addition
Name: SHELLEN, MARIA LUISA
Address: 15322 SW 113 TERR
City-St-Zip: MIAMI, FL 33196

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: CLYDE B. SHELLEN

D

08/10/2009

Electronic Signature of Signing Officer or Director

Date