


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90043 047 ***150.00

DOCUMENT # P94000066039

1. Entity Name
 LITTLE PAL'S, INC.



Principal Place of Business 801 N CONGRESS AVE #289 BOYNTON BEACH, FL 33435	Mailing Address 801 N CONGRESS AVE #289 BOYNTON BEACH, FL 33435
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40010704



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0515705	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELBLONK, IRA
~~1939 LAKE AVE~~
~~SUITE C~~
~~LAKE WORTH, FL 33460~~

5700 Lake Worth Rd Ste 308B
 Greenacres, FL 33463-3299

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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  IRA ELBLONK DATE 1/15/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ERICKSON, MICHAEL 801 N CONGRESS AVE #289 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ERICKSON, DONNA 801 N CONGRESS AVE #289 BOYNTON BEACH, FL 33435
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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: Donna Erickson U.P. DONNA ERICKSON U.P. Date 1-24-07 Daytime Phone # 561-738-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR