2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AN DOCUMENT # P95000023448 **Secretary of State** LITTLE CRITTERS CORRAL, INC. Principal Place of Business Mailing Address 1950 S.W. 115TH AVENUE 1950 S.W. 115TH AVENUE DAVIE, FL 33325 **DAVIE, FL 33325** 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0566893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT D. BURGS, P.A. DO NOT WRITE 1950 SW 115 AVE FORT LAUDERDALE, FL 33325 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DEVEAUGH, NANCY MARKE 1950 S.W. 115TH AVENUE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33325** THE DEVEAUGH, DENNIS NAME U00000581938 01/11/07-80011-013 **15**0.00 1950 SW 115 AVENUE STREET ADDRESS CITY-ST-ZIP DAVIE, FL 3333 F NAME STREET ADDRESS DO NOT WRITE CITY-SY-71P IN THIS SPACE TIBLE STREET ADDRESS CITY-ST-ZIP 33fff MAME STREET ADDRESS 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: / Jancy Deveaugh NANCY Deveaugh	1-4-07	9544744075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #