2004 FOR PROFIT CORPORATION ANNUAL REPORT

ELLED -- Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # P96000020791** LITTLE WOODS FARM, INC. Principal Place of Business Mailing Address 5142 N. APOPKA VINELAND RD. 5102 N APOPKA VINELAND RD ORLANDO, FL 32818 ORLANDO, FL 32818 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3364049 Not Applicable \$8.75 Additional 5. Certificate of Status Destred Fee Required 5. Name and Address of Current Registered Agent SHIRER, JOSEPH A JR. DO NOT WRITE 10000 WEST COLONIAL DRIVE SUITE 481 IN THIS SPACE OCOEE, FL 34761 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, typod 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHIRER, JOSEPH A JR. NAME 10000 W. COLONIAL DRIVE, SUITE 1464 STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 U00000040665 02/09/04-80057-009 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MASAF STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), 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 active state in the powered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PIPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2.5-06