


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000041494 1. Entity Name NIDA-LITTLEFIELD AND ASSOCIATES, INC.	
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Principal Place of Business 1406 FISHING LAKE DR ODESSA FL 33556	Mailing Address 1406 FISHING LAKE DR ODESSA FL 33556
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 65-0677620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NIDA-LITTLEFIELD, KATHERINE 1406 FISHING LAKE DRIVE ODESSA FL 33556
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete LITTLEFIELD, JOHN L 1406 FISHING LAKE DRIVE ODESSA FL 33556
TITLE	P <input type="checkbox"/> Delete NIDA-LITTLEFIELD, KATHERINE 1406 FISHING LAKE DRIVE ODESSA FL 33556
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000318921 04/20/05-80078-009 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Katherine Littlefield** Date: **02-18-05** Daytime Phone #: **813-215-2121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR