

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90062 005 \*\*\*150.00

DOCUMENT # P97000040317

1. Corporation Name  
LITTLE CREATIONS, INC.



Principal Place of Business

7233 LK ELLENJOR DR  
SUITE 200  
ORLANDO FL 32809  
US

Mailing Address

11569 PURPLE LILAC CIRCLE  
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3443632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1030 ORANGE AVE

Suite, Apt. #, etc.

22 City & State  
23 WINTER PARK FL

Zip Country

24 32789 25 USA

2a. Mailing Address

26 1030 ORANGE AVE

Suite, Apt. #, etc.

27 City & State  
28 WINTER PARK FL

Zip Country

29 32789 30 USA

9. Name and Address of Current Registered Agent

LITTLE, DAVID H  
12110 VITI ST  
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LITTLE, DAVID  
STREET ADDRESS 12110 VITI ST  
CITY-ST-ZIP ORLANDO FL 32837

TITLE TS  
NAME LITTLE, JACCI  
STREET ADDRESS 11569 PURPLE LILAC CIR  
CITY-ST-ZIP ORLANDO FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LITTLE

1/30/99

407-740-6114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)