


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90119 001 ***158.75
 02-15-2006 90119 002 *****5.00

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1. Entity Name
THE SMALL CORPORATION



Principal Place of Business Mailing Address

150 BRADLEY PLACE PO BOX 732
 PALM BEACH FL 33480 8 C
 US PALM BEACH FL 33480
 US



2. Principal Place of Business 3. Mailing Address

150 BRADLEY P.O. Box 732
 Suite Apt. #, etc. Suite Apt. #, etc.
 Suite 104

1st MOORE CR2E034 (10/05)

City & State City & State

Palm Beach - FL Palm Beach FL

4. FEI Number 59-3489729

Applied For Not Applicable

Zip Country Zip Country

33480 U.S.A 33480 U.S.A

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMALL, PHYLLIS
 150 BRADLEY PL
 APT 104
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVPT <input type="checkbox"/> Delete
NAME	SMALL, PHYLLIS
STREET ADDRESS	150 BRADLEY PL APT 307
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	SECR <input type="checkbox"/> Delete
NAME	SMALL SUZETTA
STREET ADDRESS	150 ORADLEY PL APT 307
CITY-ST-ZIP	PALM BEACH FL 33480
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
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 exemptions contained in Section 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: Phyllis Small, President Date: January 26, 2006 Daytime Phone #: 561-596-0238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR