


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

| | | |
|--|---|---|
| DOCUMENT # P98000022917 1. Entity Name SMALL FEAT, INC. | |  |
| Principal Place of Business 5281 SW 188 AVE SW RANCHES, FL 33332 | Mailing Address 5281 SW 188 AVE SW RANCHES, FL 33332 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent STINSON, NANCY 5281 SW 188 AVE. FT. LAUDERDALE, FL 33332 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STINSON, NANCY 5281 SW 188 AVE. FT. LAUDERDALE, FL 33332 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEOUGH, BARBARA 18354 44TH PLACE NORTH LOXAHATCHEE, FL 33470 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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. | | |
| SIGNATURE: <u>Nancy Stinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>1/6/07</u> <u>954 434-8827</u> <small>Date Daytime Phone #</small> |



01062007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0836205 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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01/12/07-80015-004 150.00

**DO NOT WRITE
IN THIS SPACE**