2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P98000055082 1. Entity Name 04-09-2007 90074 003 ***150.00 LITTLE TORCH KEY CORP. Principal Place of Business Mailing Address 2976 SOUTH MILITATY TRAIL WEST PALM BEACH FL 33415 2976 SOUTH MILITATY TRAIL WEST PALM BEACH FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0845579 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE CORAL GABLES FL 33134 HOKLISHO 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 the obligations of registered agent. e of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD VICE PIESINON TITLE Delete TITLE ☐ Change Addition ROBERT SOELL 9476 S MILITARY TOAIL SOELL, ERIC NAME NAME 2976 SOUTH MILITATY TRAIL STREET ADDRESS STREET ADDRESS WEST PHUM BEALLY FL 33415 WEST PALM BEACH FL 33415 CITY-ST-7IP CHY-ST-7IP Delete TITLE HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILL Change Addition мами NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP HILE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-7IP 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 logal 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.

FILED