2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096397

6387 INDIAN TRIAL DRIVE

LOXAHATCHEE, FL 33470

Address:

City-St-Zip:

FILED Jul 10, 2006 Secretary of State

Entity Nan	ne: LITTLEFC	OT LEAR	NING CENTER, INC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
1137 SUNS WEST PAL	SET ROAD LM BEACH, FL	33406	US				
Current M	ailing Addres	s:		New Maili	ng Address	:	
1137 SUNS WEST PAL	SET ROAD LM BEACH, FL	33406	US				
FEI Number:	65-0347832	FEI Numb	per Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
LINTON, PATRICIA ANN 5690 CINNAMON DRIVE WEST PALM BEACH, FL 33415 US				223 DOWN	LINTON, PATRICIA ANN 223 DOWN EAST LANE LAKE WORTH, FL 33467 US		
The above in the State		ubmits thi	s statement for the purp	oose of changing it	ts registered	office or registered agent, or both,	
SIGNATURE:					07/10/2006		
Electronic Signature of Registered Agent					Date		
			, the corporation did not re d Contribution ().	ceive the prior notice	e.		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () LINTON, PATRIO 5690 CINNAMOI WEST PALM BE	N DRIVE	3415	Title: Name: Address: City-St-Zip:	P (LINTON, PAT 223 DOWN E LAKE WORTI	AST LANE	
Title: Name: Address: City-St-Zip:	VPI () LUSCAVICH, CH 16822 75 PLAC LOXAHATCHEE	E NORTH		Title: Name: Address: City-St-Zip:	LUSCAVICH,	(X) Change ()Addition CHRISTINE M BRIDGE LANE N, FL 33414	
Title: Name:	VPII () SMITH, CHARLE	Delete S E		Title: Name:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PATRICIA ANN LINTON P 07/10/2006