## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2006 8:00 am Secretary of State **DOCUMENT #P99000029889** 04-11-2006 90101 038 \*\*\*150.00 JULIE DENISE LITTLE, P.A. Principal Place of Business Mailing Address P O BOX 50096 131 14TH AVE S JACKSONVILLE BEACH, FL 32240 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04072006 Chg-P Applied For City & State City & State 4. FEI Number 59-3567691 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIT-TLE-JULIE DENISE 131 14TH AVE S JACKSONVILLE BEACH, FL 32250 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 SIGNATU (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Julie Little Brewer LITTLE, JULIE DENISE NAME NAME STREET ADORESS DAMe STREET ADDRESS 131 14TH AVE S JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CITY-ST-7/2 DAM ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE HAME MAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME HAME

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.

STREET ADDRESS

CITY-ST- AP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

7/06 904-545-691

**FILED**