

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49910

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: LAND OF THE LITTLE PEOPLE, INC.

**Current Principal Place of Business:**

273 HAVANA WAY  
QUINCY, FL 32352

**New Principal Place of Business:**

**Current Mailing Address:**

273 HAVANA WAY  
QUINCY, FL 32352

**New Mailing Address:**

273 HAVANA HWY  
QUINCY, FL 32352

FEI Number: 59-3066143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALL, TERESA  
273 HAVANA HWY  
QUINCY, FL 32352 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HALL, TERESA A  
Address: 2045 BELCHER LANE  
City-St-Zip: BAINBRIDGE, GA 39817

Title: VD ( ) Delete  
Name: HALL, WENDELL  
Address: 2045 BELCHER LANE  
City-St-Zip: BAINBRIDGE, GA 39817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: TERESA A HALL

PRES

04/16/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date