2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT #V13597 Jul 22, 2008 08:00 AM THE LITTLE BROWN RABBIT II, INC. **Secretary of State** Principal Place of Business Mailing Address 364 E. PALMETTO PARK RD. 364 E. PALMETTO PARK RD. BOCA RATON, FL 33432 BOCA RATON, FL 33432 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0310639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BARTKOW, BRENT 364 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432 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. (NOTE, Registered Agent signature required when reinstating) .. Signature, typed or printed name of registered agent and title if applicable. . 17 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 10. TiltE NAME BARTKOW, BRENT 364 EAST PALMETTO PARK ROAD STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP U00000955781 07/22/08-80006-005 150.00 TITLE THOMAS, PHILIP NAME 364 EAST PALMETTO PARK ROAD STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY - ST-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP

12. Thereby certify that the information supplied with this filling 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 ampowered 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:

NAME
STREET ADDRESS
-CITY-ST-ZIP---

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #