2008 FOR PROFIT CORPORATION

May 05, 2008 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # V64004** 1. Entity Name JOHN'S LITTLE KARS, INC. Mailing Address Principal Place of Business 405 E. VENICE AVE. 405 E. VENICE AVE. VENICE, FL 34292 **VENICE, FL 34292** CR2E034 (11/05) 02292008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0360457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANNON, GARY CPA DO NOT WRITE 200 CAPRI ISLES BLVE IN THIS SPACE 7-B VENICE, FL 34292 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. (NOTE, Registered Agent signature required when reinstating) H00000949500 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 na/n2/n8-9n057-025 150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DOWNING, JOHN NAME 405 E VENICE AVE STREET ADDRESS VENICE, FL 34292 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

DOWNING PRES.

FILED.