

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000019469

**Entity Name:** LITTLE HANDS COLLEGE INC.

**Current Principal Place of Business:**

905 SPIRIT LAKE RD  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

327 BROWNELL ST.  
APT 1  
FALL RIVER, MA 02720 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JESUS, PAULA  
1250 SKIPPER RD.  
APT 55  
TAMPA, FL 33613 US

*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

**Officer/Director Detail :**

Title P  
Name JESUS, PAULA  
Address 905 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

Title T  
Name JESUS, PAULA  
Address 905 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

Title S  
Name JESUS, PAULA  
Address 905 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name JESUS, PAULA  
Address 905 SPIRIT LAKE RD  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAULA JESUS

**OWNER**

**04/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date