

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003011
 1. Entity Name
 LITTLE LEASING INCORPORATED



Principal Place of Business: 2210 W MORRIS STREET INDIANAPOLIS, IN 46221
 Mailing Address: 2210 W MORRIS STREET INDIANAPOLIS, IN 46221



DO NOT WRITE IN THIS SPACE

03312006 No Chg-P CR2E034 (11/05)
 4. FEI Number 35-1720163 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | P |
| NAME | WILLOUGHBY, TIMOTHY B |
| STREET ADDRESS | 9970 FORD VALLEY LANE |
| CITY - ST - ZIP | ZIONSVILLE, IN 46077 |
| TITLE | S/T |
| NAME | WILLOUGHBY, PAMELA W |
| STREET ADDRESS | 9970 FORD VALLEY LANE |
| CITY - ST - ZIP | ZIONSVILLE, IN 46077 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

400000514752
 04/29/06-80180-025 158.75
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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 empowerments.
 SIGNATURE: 4/13/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #