

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082736

Entity Name: TOT-TO-TROT, INC.

FILED
Apr 01, 2007
Secretary of State

Current Principal Place of Business:

3336 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

3549 FOREST PARK DR.
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 14-1931777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMETH, DARREN J VP
10545 NW 11TH COURT
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

POLIKOFF, ALLISON L PRES
3549 FOREST PARK DR
KISSIMMEE, FL 34746 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: ALLISON POLIKOFF

04/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: POLIKOFF, ALLISON L
Address: 3549 FOREST PARK DR.
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD () Delete
Name: NEMETH, DARREN
Address: 10545 NW 11TH CT.
City-St-Zip: PLANTATION, FL 33322

Title: TD () Delete
Name: NEMETH, JENNIFER
Address: 10545 NW 11TH CT.
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: HYDE, MICHAEL P
Address: 6913 CLOVER COURT
City-St-Zip: DARIEN, IL 60561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: NEMETH, DARREN J
Address: 10545 NW 11TH CT.
City-St-Zip: PLANTATION, FL 33322

Title: TD (X) Change () Addition
Name: NEMETH, JENNIFER TREAS
Address: 10545 NW 11TH CT.
City-St-Zip: PLANTATION, FL 33322

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: ALLISON POLIKOFF

PRES

04/01/2007

Electronic Signature of Signing Officer or Director

Date