

FROM : ALAN M HAGOPIAN CFP

FAX NO. : 352-375-4517

APPROVAL

04-20-2007 90082 008 ***150.00
FILED**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

07 MAY -3 PM 4:48

DOCUMENT # P06000006473	
1. Entity Name TO THE TOP, INC.	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10963 LEDGEMENT LANE WINDERMERE, FL 34786	Mailing Address 10963 LEDGEMENT LANE WINDERMERE, FL 34786
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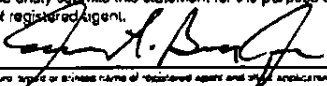
2. Principal Place of Business - No P.O. Box # 404 GULF BLVD.	3. Mailing Address P.O. Box 241
Suite, Apt. #, etc. #100	Suite, Apt. #, etc.

City & State INDIAN ROCKS BEACH, FL	City & State INDIAN ROCKS BEACH, FL
Zip 33785	Country USA



04032007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent BERRY, JAMES A JR. 10963 LEDGEMENT LANE WINDERMERE, FL 34786	
7. Name and Address of New Registered Agent Name JAMES A. BERRY JR Street Address (P.O. Box Number is Not Acceptable) 404 GULF BLVD #100 City INDIAN ROCKS BEACH FL Zip Code 33785	

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 	JAMES A. BERRY, JR DATE 4/17/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERRY, JAMES A JR. 10963 LEDGEMENT LANE WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAME 404 GULF BLVD #100 INDIAN ROCKS BEACH, FL 33785 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERRY, PAMELA H 10963 LEDGEMENT LANE WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAME 404 GULF BLVD #100 INDIAN ROCKS BEACH, FL 33785 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 907, 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 law empowered.	
SIGNATURE: 	JAMES A. BERRY, JR - 4/17/07 (707) 631-1212

Document corrected per James Berry. jse