

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 547929

Entity Name: TOY HOUSE, INC.

FILED
May 10, 2005
Secretary of State

Current Principal Place of Business:

6524 HWY 301
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

32806 LISTER ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-1775628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIETH, DAVID M.
2304 FIRST FLORIDA TOWER
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMPTON, RONALD A.,
Address: 32806 LISTER RD
City-St-Zip: DADE CITY, FL

Title: VP () Delete
Name: HAMPTON, CHARLES J VP
Address: 4206 BERKLEY DRIVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: RONALD A. HAMPTON

P

05/10/2005

Electronic Signature of Signing Officer or Director

_____ Date