2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 25, 2005 8:00 am **Secretary of State DOCUMENT # F00000001747** 03-25-2005 90129 001 ***952.50 1. Entity Name TUTOPIA.COM, INC. Principal Place of Business Mailing Address 66007451 9335 NW 14ST 9335 NW 14ST 102 102 MIAMI, FL 33172 MIAMI, FL 33172 3. Mailing Address 1930 HARRISON 2. Principal Place of Business 1930 HARRISON Suite, Apt. #, etc. Suite, Apt. #, etc 01112005 Cha-P CR2E034 (10/03) SUITE SUITE City & State HOLLYWOOD City & State 4. FEI Number Applied For HOLLYWODD, FL 65-0972901 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IFX CORP O. Box Number is Not Acceptable) AREISON STREET 9835 NW 14ST 102 MIAMI, FL 33172 TOLLYWOOD 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHALDM, MICHAEL 1930 HARRISON STREET, SUITE 404 NAME SHALOM, MICHAEL NAME STREET ADDRESS 15050 N.W. 79TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 HOWWOOD, FL 33020 CITY-ST-ZIP TITLE VS ☐ Delete Change TITLE ☐ Addition BURSZTYN JAK 1930 HARRISON STREET SUITE 404 NAME BURSZTYN, JAK NAME STREET ADDRESS 15050 N.W. 79TH COURT STREET ADDRESS LLY WOOD, FL CITY-ST-7IP MIAMI, FL, 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper 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 empowered. SIGNATURE:

FILED