2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003618

Entity Name: TOSSED FRANCHISE CORPORATION

FILED Apr 28, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
401 E. LAS OLAS BLV.D, SUITE 1400 FT. LAUDERDALE, FL 33301			401 E. LAS OLAS BLV.D, SUITE 1500 FT. LAUDERDALE, FL 33301			
Current Mailing Address:			New Mailing Address:			
401 E. LAS OLAS BLV.D, SUITE 1400 FT. LAUDERDALE, FL 33301			401 E. LAS OLAS BLV.D, SUITE 1500 FT. LAUDERDALE, FL 33301			
FEI Number	: 51-0499672	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
1201 HAY	ATION SERVIO S STREET SSEE, FL 323					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CHODASH, JA: 520 S E 5TH A		Title: Name: Address: City-St-Zip:	CHODASH, J 411 N. NEW	(X) Change()Addition IASON RIVER DRIVE EAST, APT. 2806 ERDALE, FL 33301	
Title: Name: Address: City-St-Zip:	VD (MEISEL, MARC 77 PHEASANT MILLWOOD, N	RUN	Title: Name: Address: City-St-Zip:	VD MEISEL, MAI 77 PHEASAN MILLWOOD,	IT RUN	
Title: Name: Address: City-St-Zip:	SD (CHODASH, BR 9 ROCKHILL D LIVINGSTON, N	RIVE	Title: Name: Address: City-St-Zip:	CHODASH, E 411 N. NEW	(X) Change()Addition BRUCE RIVER DRIVE EAST, APT. 2806 ERDALE, FL 33301	
Title: Name: Address: City-St-Zip:	D (HERZBERG, D 505 GREENWI NEW YORK, N	CH ST APT 3H	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HERZBERG, DAREN 160 WEST 86TH STREET, APT. 4BC NEW YORK, NY 10024		
Title: Name: Address: City-St-Zip:	COHEN, ADAM	I STREET, APT. 16	Title: Name: Address: City-St-Zip:	,	() Change () Addition	

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: DONALD F. DAVENPORT ACCT 04/28/2006