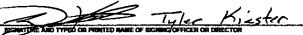
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2006 8:00 am Secretary of State DOCUMENT # F28913 04-25-2006 90105 024 ***150.00 1. Entity Name FOXY PRODUCTS, INC. Principal Place of Business Mailing Address 1850 W MCNAB RD 1850 W MCNAB RD FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 04072006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-2101721 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEROLA, FRANK F. DO NOT WRITE 1850 W. MCNAB ROAD FT LAUDERDALE, FL 33309 IN THIS SPACE 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. (NOTE: Regulated Agent agreture required when rematering) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SDT DILE SPIEGEL, DAVID NAME 1850 W. MCNAB RD. STREET ADDRESS CITY-ST-78P FT. LAUDERDALE, FL 33309 TITI F FEROLA, FRANK F STREET ADDRESS 1850 WEST MCNAB RD. CITY-ST-ZIP FT LAUDERDALE, FL 33309 AS TILLE KIESTER, TYLER NAME STREET ADDRESS 1850 WEST MCNAB RD. DO NOT WRITE CITY-ST-7IP FT LAUDERDALE, FL 33309 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



954.471.0600

FILED