


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90247 009 ***158.75

DOCUMENT # F98000002138 1. Entity Name TOORICUM LTD., INC.					
Principal Place of Business 605 EAST ROBINSON ST STE 400 ORLANDO, FL 32801 US			Mailing Address 605 EAST ROBINSON ST STE 400 ORLANDO, FL 32801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHENOY, UDAY P 605 EAST ROBINSON STREET SUITE 400 ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE		
NAME	ANSAR, ERIKA		NAME		
STREET ADDRESS	7 DOWN STREET		STREET ADDRESS		
CITY-ST-ZIP	LONDON W1J 7AJ ENGLAND,		CITY-ST-ZIP		
TITLE	EV		TITLE		
NAME	SHENOY, UDAY P		NAME		
STREET ADDRESS	605 EAST ROBINSON STREET SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	VS		TITLE	DIRECTOR	
NAME	ANSAR, HANAH		NAME		
STREET ADDRESS	7 DOWN STREET		STREET ADDRESS		
CITY-ST-ZIP	LONDON W1J 7AJ ENGLAND,		CITY-ST-ZIP		
TITLE	VS		TITLE		
NAME	RUSHD, ASAD A		NAME		
STREET ADDRESS	7 DOWN STREET		STREET ADDRESS		
CITY-ST-ZIP	LONDON W1J 7AJ ENGLAND,		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



02202006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3495257

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ASAD . A . RUSHD

Fel 23, 2006