

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20451

Entity Name: TOJALI CORP.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 277
ZIRCONIA, NC 28970

New Principal Place of Business:

10365 FLAT STONE LOOP
BONITA SPRINGS, FL 34135

Current Mailing Address:

133 S COLLIER BLVD
C404
MARCO ISLAND, FL 34145

New Mailing Address:

10365 FLAT STONE LOOP
BONITA SPRINGS, FL 34135

FEI Number: 59-2649115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALEEL & ASSOCIATES
555 N CONGRESS AVE
SUITE 301
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

COPLIN, DUANE A
133 S COLLIER BLVD., C404
C 404
MARCO ISLAND, FL 34145 US

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: DUANE COPLIN

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BROWN, MYRON L
Address: 26871 CLARKESTON DRIVE, UNIT # 12202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VS () Delete
Name: BROWN, CAROLE J
Address: 26871 CLARKESTON DRIVE, UNIT # 12202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BROWN, MYRON L
Address: 10365 FLAT STONE LOOP
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VS (X) Change () Addition
Name: BROWN, CAROLE J
Address: 10365 FLAT STONE LOOP
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify 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: MYRON L BROWN

PT

01/23/2009

Electronic Signature of Signing Officer or Director

Date