2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 All Secretary of State **DOCUMENT # H20462** 1. Entity Name TO-LOU INC. Principal Place of Business Maiting Address 25045 CR 137 25045 CR 137 O'BRIEN, FL 32071 O'BRIEN, FL 32071 US CR2E034 (11/05) 04252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2440121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, LOUISE DO NOT WRITE R.D. 137 **O'BRIEN, FL 32071** 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. Signeture, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME THOMAS, LOUISE 25045 CTNY RD. 137 STREET ADDRESS CITY-ST-ZIP O'BRIEN, FL 32071 TITLE STREET ADDRESS U00000737408 205/11/07-80026-022/150:00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ЭПЕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

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