

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002158

FILED
Apr 29, 2008
Secretary of State

Entity Name: TOP NOTCH TOYS LIMITED COMPANY

Current Principal Place of Business:

3232 EAGLES EYE CT.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

3232 EAGLES EYE CT.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HETMAN, MICHAEL G
419 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

HETMAN, MICHAEL G
323 EAGLES EYE COURT
NEW SMYRNA BEACH, FL 32168 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HETMAN, MICHAEL G
Address: 419 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM () Delete
Name: HETMAN, LISA M
Address: 419 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HETMAN, MICHAEL G
Address: 323 EAGLES EYE COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change () Addition
Name: HETMAN, LISA M
Address: 323 EAGLES EYE COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL G. HETMAN

MR.

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date