2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90046 035 ****50 00

Applied For Applie	DOCUMENT # M0400002134 1. Entity Name TOPPAN ENTERPRISES, LLC							04-17-2006 9	0040 03	3 30	.00
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite Criy & State Criy & State A. FEI Number APPLIED FOR No. Applicable For APPLIED FOR No. APPLI	35 FIELDCREST DRIVE 35 FIELDCREST DRIVE							BBII6 BIBII BBIII SBII2 BB!!		IBC 11866 1((1) 617	882 NJ (48)
City & State Ci	2. Principal Place of Business			3. Mailing Address							
Country Zip Country Zip Country S. Certificate of Status Desired Section	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052006	Chg-LLC	CR2E0	83 (11/05)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name	City & State			City & State			1				
REYES, SANDY 116 CORAL REEF CIRCLE KISSIMMEE, FL 34743 City FL Zip Code The above remaind antity 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 Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Filling MGR TOPPAN, KEVIN T MMC SIRET ADDRESS OTY-51-2P THE MAKE SIRET ADDRESS	Zip Country		Zip Country		5. Certificate of	of Status Desired					
REYES, SANDY 116 CORAL REEF CIRCLE KISSIMME, FL 34743 Sirest Address (P.O. Box Number is Not Acceptable) City FL Zir Code City FL Zir C		6. Name	and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent and set / applicable. (POTE Registered Agent signature recovered when revoluting) Filling Fee is \$50.00 The purpose of changing its registered agent and set / applicable. (POTE Registered Agent signature recovered when revoluting) Principal Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INTEL 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	116 CORAL REEF CIRCLE						(P.O. Box Number is Not Acceptable)				
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MGR	SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
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1. Thereby certify that the information supplied with this limit does not qualify to the exemptions contained in the information and included on this report is true and accurate and that my 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: Ten Com

KIUM T. TOPPAN

1/12/06 508-654-582)
Date Destime Phone 4