

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90136 011 ****61.25

DOCUMENT # N01000007043

1. Entity Name

TOWING FOR TOTS, INC.



Principal Place of Business

1208 GEORGIA ST
 #1
 DELRAY BEACH FL 33444

Mailing Address

5266 INWOOD DR
 DELRAY BEACH FL 33484



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-1145337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDEIROS, RICHARD A
 5266 INWOOD DRIVE
 DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	MEDERIOS, RICHARD A	
STREET ADDRESS	5266 INWOOD DR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TRAXLER, ROBERT G	
STREET ADDRESS	5236 INWOOD DR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANADAY, MICHAEL	
STREET ADDRESS	1584 MAGNOLIA LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LAURA	
STREET ADDRESS	822 FLORIDA MANGO RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOFIELD, ALVIN R	
STREET ADDRESS	903 NW 6 AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARBE, JEANISE	
STREET ADDRESS	22412 SW 66 AVE	
CITY-ST-ZIP	BOCA RATON FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN JORDAN	
STREET ADDRESS	3631 RUSKIN AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANISE BARBE	
STREET ADDRESS	22412 SW 66 AVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID M. SPRINGMAN	
STREET ADDRESS	12495 144 PL N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS WYNOTT	
STREET ADDRESS	18359 103 TRAIL SOUTH	
CITY-ST-ZIP	BOCA RATON, FL, 33498	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT G. TRAXLER	
STREET ADDRESS	5236 INWOOD DR.	
CITY-ST-ZIP	DELRAY BEACH, FL, 33484	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *David M. Springman* DAVID M. SPRINGMAN 3-21-06 561-395-9595