

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33710

FILED  
Jan 13, 2007  
Secretary of State

Entity Name: CHRISTMAS TOY SHOP PROJECT, INC.

**Current Principal Place of Business:**

550 16TH STREET NORTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

550 16TH STREET NORTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 59-0970736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SURPLUS, KAREN L  
550 16TH STREET NORTH  
ST. PETERSBURG, FL 33705      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JACKSON, SHARON  
Address: 8001 MACOMA DR NE  
City-St-Zip: ST PETERSBURG, FL 33702

Title: SEC ( ) Delete  
Name: GLONEK, LISA  
Address: 4299 14TH ST. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T ( ) Delete  
Name: SURPLUS, KAREN  
Address: 3518 BAYSHORE BLVD NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: BELCHER, JIM  
Address: 4028 AUDUBON DR.  
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete  
Name: MURRAY, GINNY  
Address: 5065 DOVER ST. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: BISHOP, CINDY  
Address: 5460 13TH AVE.  
City-St-Zip: SAINT PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L SURPLUS

T

01/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date