

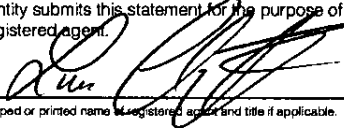
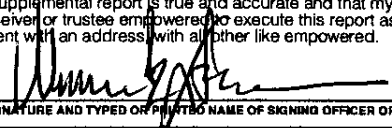


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N97000003208</b> 1. Entity Name <b>THESE OUR TOTS, INCORPORATED</b>				<b>FILED</b>  04 APR 26 PM 1:20  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1300 FIFTH STREET WEST BRADENTON, FL 34205</b>		Mailing Address <b>3119 9TH AVENUE DR. E. PALMETTO, FL 34221</b>			
2. Principal Place of Business <b>1307 6th St West</b> Suite, Apt. #, etc.		3. Mailing Address <b>1307 6th St W.</b> Suite, Apt. #, etc.			
City & State <b>Bradenton FL</b> Zip <b>34205</b>		City & State <b>Bradenton, FL</b> Zip <b>34205</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0853080</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHNSON, AZELL JR. 3119 9TH AVENUE DR., EAST PALMETTO, FL 34221</b>				7. Name and Address of New Registered Agent Name <b>Lance Clayton</b> Street Address (P.O. Box Number is Not Acceptable) <b>1307 6th St West</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34205</b>	
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  <b>Lance Clayton</b> <span style="float: right;">4-22-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, AZELL 3119 9TH AVENUE DR. E. PALMETTO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PIS/T William B DeSue Sr. 1307 6th St W Bradenton, FL 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, SUSIE 1010 27TH ST. EAST BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lance Clayton 1307 6th St. West Bradenton, FL 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCOTT, BERNIECE 1300 FIFTH STREET WEST BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Roberson 1307 6th St West Bradenton, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, ELOISE 1109 8TH STREET CT. WEST BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500035722575</b> 05/06/04--01068--014 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMENTER, PAM 399 6TH AVENUE WEST BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, WILLIE MAE 3012 9TH AVENUE DRIVE EAST PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <span style="float: right;">4-22-04 748-5568</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					