


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90215 037 ***150.00

DOCUMENT # P00000049436 1. Entity Name JOHN TOFT CONSTRUCTION, INC.					
Principal Place of Business 1111 W CANAL STREET NEW SMYRNA BEACH, FL 32168				Mailing Address 1111 W CANAL STREET NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business 321 N. DIXIE				3. Mailing Address 321 N DIXIE FREWAY	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL		4. FEI Number 59-3646955	
Zip 32168		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STORCH, GLENN D ESQ. STORCH, HANSEN & MORRIS P.A. 420 S. NOVA RD. DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name IRENE GORDON Street Address (P.O. Box Number is Not Acceptable) 1111 W. CANAL STREET City NEW SMYRNA BEACH FL Zip Code 32168	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME TOFT, JOHN		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 1546	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE IRENE GORDON	NAME 1111 W. CANAL ST.		<input type="checkbox"/> Delete		
STREET ADDRESS NEW SMYRNA BEACH, FL	CITY-ST-ZIP 32168		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TREASURER	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 exemptions contained 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 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 607, 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: <u><i>[Signature]</i></u> 4/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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