FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P00000834	95-21-2002 91237 038 ***150.00
Toadstool Marketing, 1	INC.
DO NOT WRITE IN THIS SP	DACE
DO NOI WRITE IN THIS SP	ACE
2. Principal Place of Business 2. Apr. 1, etc. 3. Mailing Address 7. Suite, Apr. 1, etc. Suite, Apr. 1, etc.	DO NOT WRITE IN THIS SPACE
CONTINUE SIANA FI FRASURE	Sland Fl 4. FEI Number Applied For Not Applicable
33706 Pine 35 33706	_Country 5. Certificate of Status Desired \$8.75. Additional Fee Required
AE.	7. Name and Address of Current Registered Agent Name
DO NOT WRITE IN THIS SPACE	Street Address (P.O. Sox Number is Not Acceptable)
4	CITTERSURE ISLAND FL Zingode 106
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.	
SIGNATURE Signature, typed of printer hamy of registed objects and the if applicable. (NOTE)	E: Registered Agent signature required when reinclasing DATE
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. January 1 - Ma After May 1 Amended	ay 1 Fee is \$150.00 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be 11. Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS	= = = = = = = = = = = = = = = = = = = =
NAME Tresident	TITLE NAME (20)
STREET ADDRESS TONY Wagner 12 80th Terrace Triabure I Sland Fl 33764	TITLE MAME STREET ADDRESS GITY-ST-ZiP GENERAL STREET ADDRESS GENERAL STREET ADDRESS
TITLE NAME	MANE NAME
STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE	THE
NAME STREET ADDRESS	STREET ADDRESS DO NOT WRITE
CITY-SI-JP	
TITLE NAME	IN THIS SPACE
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP	TITLE.
NAME	NAME
STREET ADDRESS CITY-ST-ZP	STREET ADDRESS CITY-ST-ZIP
TITLE	TID.E
MAME Street address	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that m of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.	r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an