


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90032 023 \*\*\*150.00

<b>DOCUMENT # P00000084394</b>	
1. Entity Name <b>ROARING TOYZ, INC.</b>	

Principal Place of Business <b>2594 12TH ST UNIT B SARASOTA, FL 34237</b>	Mailing Address <b>5777 BENEVA ROAD SOUTH SARASOTA, FL 34233</b>
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2. Principal Place of Business - No P.O. Box # <b>2171 13<sup>th</sup> St</b>	3. Mailing Address <b>2171 13<sup>th</sup> St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>
Zip <b>34237</b>	Country <b>SARASOTA</b>
Country <b>SARASOTA</b>	Zip <b>34237</b>

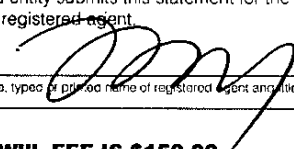


01102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PREWETT, DANIEL 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233</b>	
7. Name and Address of New Registered Agent Name <b>THOMAS E DAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7110 RICHARDSON RD</b> City <b>SARASOTA</b> FL Zip Code <b>34237</b>	

4. FEI Number <b>65-0978301</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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 	DATE <b>3-19-07</b>
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD FISHER, ROBERT J 5909 RAVENWOOD DR SARASOTA, FL 34243</b> <input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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 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: 	<b>ROBERT FISHER</b>	Date <b>3/19/07</b>	Daytime Phone # <b>941-953 4423</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #