

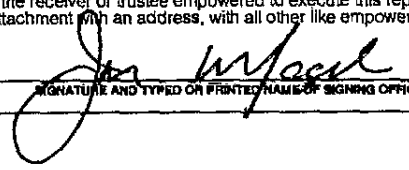


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000096184 1. Entity Name TIGER POINT TOYS, INC.		
Principal Place of Business 506 KENNILWORTH AVE GULF BREEZE, FL 32561	Mailing Address 506 KENNILWORTH AVE GULF BREEZE, FL 32561	
<div style="text-align: right;">  03202005 No Chg-P CR2E034 (10/03) </div>		
4. FEI Number 59-3878916		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRAWICK, JOHN B SHELL, FLEMING, DAVIS & MENGE 9TH FL SEVILLE TOWER 226 PALAFOX PL PENSACOLA, FL 32501		
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 registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGEL, JON W 506 KENNILWORTH AVE GULF BREEZE, FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, VERNE L 3731 TIGER PT BLVD GULF BREEZE, FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTON, A. GLENN JR 330 FT. PICKENS RD APT 8C PENSACOLA, FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: 		3/20/05 (850) 932-5413 <small>Date Daytime Phone #</small>