2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

MAILEU -DIVISION OF CORRES P.O. BOX 6198 TALLAMA MAT 4432007 08:00 AM **DOCUMENT # P01000015109** 8/50.00 03 Secrefary of State 1. Entity Name W TOY INC. Principal Place of Business Mailing Address 511 ANDROS LANE 511 ANDROS LANE INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 03112007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3703139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOY, WILLIAM W DO NOT WRITE 511 ANDROS LANE INDIAN HARBOUR BEACH, FL 32937 IN THIS SPACE 3. 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. Signature, typed or printed riams of registered agent and title if applicable, (NOTE: Registered Agent algorithm required when rejustering) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE _ TOY, WILLIAM W NAME STREET ADDRESS 511 ANDROS LANE CITY-ST-7IP INDIAN HARBOUR BEACH, FL 32937 TITLE 000000665171 03/23/07-80017-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

MAKED 3-12-07 TO:

12. I hereby certify that the information supplied with this filling 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:	With W Tay	03-11-2007	(321)773-580	5
	SIGNATURE AND TYPED ON	PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Dete	Daytime Phone #

CITY-ST-28P _TITLE NAME STREET ADDRESS