

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104925

FILED
Apr 10, 2007
Secretary of State

Entity Name: SPECIAL TODDLERS ARE TERRIFIC INC

Current Principal Place of Business:

3220 NW 7TH STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

3220 NW 7TH STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-1156008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMASELLI, ILEANA
14976 SW 110 TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: POS () Delete
Name: RUBIO, NANCY
Address: 11751 SW 18TH ST #6
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: POS (X) Change () Addition
Name: TOMASELLI, ILEANA
Address: 14976 SW 110 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: SEC () Change (X) Addition
Name: TOMASELLI, ILEANA
Address: 14976 SW 110 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: VP () Change (X) Addition
Name: TOMASELLI, HERNAN
Address: 14976 SW 110 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: TRE () Change (X) Addition
Name: TOMASELLI, HERNAN
Address: 14976 SW 110 TERRACE
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA TOMASELLI

POS

04/10/2007

Electronic Signature of Signing Officer or Director

Date