2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

PO BOX 745

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ISLAMORADA, FL 33036

DOCUMENT # P02000086312

Country

1. Entity Name

ISLAND TOYZ, INC.

Principal Place of Business 83409 OVERSEAS HWY.

ISLAMORADA, FL 33036

2. Principal Place of Business

84400 OVERSEAS HWY. ISLAMORADA, FLÍ 33036

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE.

FILED Sep 13, 2004 8:00 am Secretary of State

09-13-2004 90008 044 ***150.00

\$8.75 Additional

Zip Code

FL

DATE

Fee Required

	24085007			
09082004	Chg-P	CR2E034 (1	0/03	3)
4. FEi Number				Applied Fo
11-3650862			П	Not Applies

6. Name and Address of Current Registered Agent ROGERS, ROBERT C

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

4

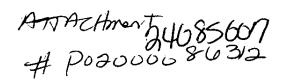
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Country

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 мау Ве 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ST Delete TITLE Change Addition TITLE VEDDER, AMANDA NAME NAME STREET ADDRESS 76130 OVERSEAS HWY. STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL 33036 CITY-ST-ZIP PRUSIONINT Sechionan ☐ Delete Change Addition TITLE TITLE minsule, VINLECTOR ROGERS, ROBERT C NAME NAME 84400 OVERSEAS HWY. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ISLAMORADA, FL 33036 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

08-08-2004 - 305-522-4425



Secretary of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please abate the \$400.00 2004 For Profit Corporation Annual Report late filing penalty for this corporation.

Taxpayer was not aware that it was necessary to download the form from the Secretary of State website, and as such, the Annual Report Form was not received by this corporation.

This corporation filed its 2004 For Profit Corporation Annual Report as soon as practically possible. It was necessary for this corporation to engage the services of an independent accountant to obtain the necessary Annual Report Form. Additionally, the Florida Secretary of State website was not available during Hurricane Frances.

Please abate the \$400.00 2004 For Profit Corporation Annual Report late filing penalty for this corporation for reasonable cause.