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Jun 10, 2004 8:00 am
Secretary of State

05-03-2004 90450 048 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009653

1. Entity Name
TOYS @ THE BEACH, INC.

Principal Place of Business	Mailing Address
30 SUNSET RIDGE LANE SANTA ROSA BEACH, FL 32459	30 SUNSET RIDGE LANE SANTA ROSA BEACH, FL 32459

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4339 Legendary Dr	4339 Legendary Dr.
Suite, Apt. #, etc.: D-112	Suite, Apt. #, etc.: D-112
City & State: Destin, Florida	City & State: Destin, Florida
Zip: 32541 Country: OKALOOSA	Zip: 32541 Country: OKALOOSA

4. FEI Number: 90-0071584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE #15 DESTIN, FL, FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GALARDO, TOM 4721 WOODLAWN COURT MARIETTA, GA 30067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR GALARDO, THOMAS 30 Sunset Ridge LANE SANTA ROSA BEACH, FL. 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALARDO, JULIE A 4721 WOODLAWN COURT MARIETTA, GA 30067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALARDO, JULIE 30 Sunset Ridge LANE SANTA ROSA BEACH, FL 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEXTON, SCOTT 4721 WOODLAWN COURT MARIETTA, GA 30067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEXTON, SCOTT 279 CHIPOLA COVE DESTIN, FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEXTON, BRITTANY 4721 WOODLAWN COURT MARIETTA, GA 30067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEXTON, BRITTANY 279 CHIPOLA COVE DESTIN, FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Thomas Galardo THOMAS GALARDO 4-30-04 337-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #