


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90444 003 \*\*\*150.00

<b>DOCUMENT # P03000015987</b> 1. Entity Name TOP HAT, INC.	
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Principal Place of Business 2350 E KEEPSAKE LN HERNANDO, FL 34442	Mailing Address 2350 E KEEPSAKE LN HERNANDO, FL 34442
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**DO NOT WRITE IN THIS SPACE**

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0510232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ELLIS, RANDY C 2350 E. KEEPSAKE LN HERNANDO, FL 34442
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIS, RANDY C 2350 E. KEEPSAKE LANE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPA ELLIS, KAREN 2350 E. KEEPSAKE LANE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO HOLDAWAY, LESLEY 5573 LAKE NINA DR INVERNESS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** Karen M. Ellis VPA Karen M. Ellis VPA 4/25/2007 352-344-8444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #