

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 016 ***150.00

DOCUMENT # P03000120140			
1. Entity Name ELECTRONIC TOYS AND HOBBIES INC.			
Principal Place of Business 3176 PINTO DRIVE KISSIMMEE, FL 34746		Mailing Address 3176 PINTO DRIVE KISSIMMEE, FL 34746	
2. Principal Place of Business <i>(Seasonal) Bies No address</i> Suite, Apt. #, etc. <i>For Now.</i>		3. Mailing Address <i>3176 pinto Drive</i> Suite, Apt. #, etc.	
City & State <i>Kissimmee FL</i>		4. FEI Number 30-0210459	
Zip <i>34746</i>	Country <i>USA</i>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EL CHERKAoui, JAMILA 3176 PINTO DRIVE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name <i>AHMAD ELcherKAoui</i> Street Address (P.O. Box Number is Not Acceptable) <i>3176 pinto Drive</i> <i>Kissimmee</i> City <i>FL</i> Zip Code <i>34746</i>	
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 <i>AHMAD ELcherKAoui</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>04-24-06</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EL CHERKAoui, JAMILA		NAME <i>AHMAD ELcherKAoui</i>	
STREET ADDRESS 3176 PINTO DRIVE		STREET ADDRESS <i>3176 pinto DR</i>	
CITY-ST-ZIP KISSIMMEE, FL 34746		CITY-ST-ZIP <i>Kissimmee FL 34746</i>	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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: <i>AHMAD ELcherKAoui</i>		04-24-06 (407)396-9809	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	