. 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 15, 2006 08:00 AM Secretary of State DOCUMENT # P03000135470 1. Entity Name A TO Z, INC. Principal Place of Business Mailing Address 11171 NAUTILUS DRIVE COOPER CITY, FL 33026 11171 NAUTILUS DRIVE US COOPER CITY, FL 33026 02132006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0407890 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AMAR, ILAN 11171 NAUTILUS DRIVE COOPER CITY, FL 33026 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. The statement of FLAN AMAR (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and the it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE MANAE AMAR, ILAN 11171 NAUTILUS DRIVE STREET ADDRESS COOPER CITY, FL 33026 CITY-ST-ZIP U00000435637 02/25/06-80050-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-21P 71TEF MAME STREET ADDRESS DO NOT WRITE CITY-ST-70 IN THIS SPACE T171 F STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 cath; 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.

SYMMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2/12/06

Davima Phone 8