2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016759

Entity Name: TOP SALES, INC.

City-St-Zip:

ROCHESTER HILLS, MI 48307 US

FILED Jul 28, 2005 Secretary of State

Entity Nan	1e: TOP SALI	=5, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
2075 MAIN SARASOTA	ST STE 6 A, FL 34237	US					
Current Mailing Address:				New Mailing Address:			
5380 GULF OF MEXICO DRIVE #406 LONGBOAT KEY, FL 34228 US				2075 MAIN STREET SUITE 6 SARASOTA, FL 34237 US			
FEI Number:	35-2223782	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WM, KARY 5380 GULF OF MEXIO DRIVE #406 LONGBOAT KEY, FL 34228 US				WM, KARY 2075 MAIN STREET SUITE 6 SARASOTA, FL 34237 US			
The above in the State		submits this statement for the pu	urpose of	changing it	ts registered	d office or registered agent, or both,	
SIGNATURE:				07/28/2005			
Electronic Signature of Registered Agent				Date			
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive th	ne prior notice	е.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEU, DOUGLAS	YCK BLVD SUITE 202		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KARY, WM 5380 GULF OF	Delete MEXICO DRIVE #406 Y, FL 34228 US		Title: Name: Address: City-St-Zip:		(X) Change () Addition STREET SUITE 6 FL 34237 US	
Title: Name: Address:	SEC () WITHERSPOON 2834 LONGVIEN	•		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WM KARY VP 07/28/2005