

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90538 042 ***150.00

DOCUMENT # P04000102571 1. Entity Name POLLY WOGG BOOKSTORE, INC.																															
Principal Place of Business 16520 NW 100TH AVE RD REDDICK, FL 32686		Mailing Address 16520 NW 100TH AVE RD REDDICK, FL 32686																													
2. Principal Place of Business 120 S. Magnolia Ave. Suite, Apt. #, etc.		3. Mailing Address 120 S. Magnolia Ave. Suite, Apt. #, etc.																													
City & State Ocala, FL Zip 34474		City & State Ocala, FL Zip 34474																													
Country U.S.A.		Country U.S.A.																													
4. FEI Number 54-2156103		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 HALE, TOKEII 16520 NW 100TH AVE RD REDDICK, FL 32686		7. Name and Address of New Registered Agent 120 S. Magnolia Ave. Ocala, FL 34474																													
Signature John Hale, owner Tokai Hale <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4.29.05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>HALE, TOKEII</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16520 NW 100TH AVE RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>REDDICK, FL 32686</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	HALE, TOKEII	<input type="checkbox"/>	STREET ADDRESS	16520 NW 100TH AVE RD		CITY - ST - ZIP	REDDICK, FL 32686		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: John Hale, Tokai Hale <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4.29.05 <small>Date</small>																													
352 (690-9644)		4.29.05																													