-2006-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am **Secretary of State DOCUMENT # P04000105946** 02-16-2006 90051 041 ***150.00 TUFF GIRLS, INC. Principal Place of Business Mailing Address 14970 CAPTIVA DR. CAPTIVA FL 33924 PO BOX 459 CAPTIVA FL 33924 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 46-8013147 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEVINE, GAYE ss (P.O. Box Number is Not Acceptable) 5 BEVERLY LANE 6054 DINKINS LAKE ROAD SANIBEL FL 33957 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, typed or prigged name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006/Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Delete STONE BRIDGET NAME 4405 BEVERLY LANG STREET ADDRESS 6054 DINKINS LAKE ROAD STREET ADDRESS SANIBEZ, Fl. 33957 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP TITLE ☐ Delete 9405 BEVENLY LANE MAME LEVINE, GAYE NAME STREET ADDRESS STREET ADDRESS 6054 DINKINS LAKE ROAD SAN IBEZ, Fl. 33557 CITY-ST-ZIP CHY-ST-718 SANIBEL FL 33957 ☐ Delcte THE NAME NAME STONE, BRIDGET 9405 BEVERLY LANE STREET ADDRESS STREET ADDRESS 6054 DINKINS LAKE ROAD SAN 1BLZ, F1. 33557 CITY-ST-ZIP GITY-ST-7IP SANIBEL FL 33957 TITLE ☐ Delete TITLE Change Change ☐ Addition 9405 BEVERLY UNE LEVINE, GAYE NAME NAME STREET ADDRESS STREET ADDRESS 6054 DINKINS LAKE ROAD BANIBEZ, Pl. 33957 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 and all entry like empowered:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED