2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State

| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP | DOCUMENT # P05000041088 1. Entity Name TOM'S TOYS, INC. | | | | | | 05-04-2007 | 90093 006 ***15 | 50.00 | |
|--|---|---|--------------------------------|---------------------|-----------------------------|---|------------------------------------|--------------------------|---------------|--|
| 2. Princ pal Place of Business - No P.O. Box # 3. Mailing Address | Principal Place of Business Mailing Addre | | | | · | 1 | | | | |
| Suite, Apl. #, etc. A : FEI Number 20-2530526 Suite Nov. Applicable Nov. Appli | 2885 ELECTRONICS DRIVE UNIT 11 | | 2885 ELECTRONICS DRIVE UNIT 11 | | | 11 0 2 0 1124 00 114 00 124 00 124 | r BBIII BYBSI IISII BBIBY (BIB) IB | i(DA) il (DB) | | |
| City & State | 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Zip | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 05012007 | Chg-P | CR2E034 (12/06) | | | |
| S. Certificate of Status Desired Control Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name and Address of New Registered Agent 7. Name and Address | | | | | | 526 | ⊢ | | | |
| PRALEY, DAVID W 2895 ELECTRONICS DRIVE UNIT 11 MELBOURNE, FL 32935 Silent Address (P.O. Box Number is Not Acceptable) Silent Address (P.O. Box Number is Not Acceptable) City FL 7/19 Code | Zip | Country | Zip Coun | | try | 5. Certificate of | Status Desired | S8.75 Add Fee Require | litional d | |
| ### PACIFIC NAVIOW 2885 ELECTRONICS DRIVE UNIT 11 ### PILE NOW!!! FE IS \$150.00 After May 1, 2007 Fee will be \$550.00 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 ### PRALEY DAVID W 2885 ELECT | | 6. Name and Address of Current | Registered Agent | | | 7. Name and A | ddress of New Re | egistered Agent | | |
| 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 Signature | 2885 ELECTRONICS DRIVE UNIT 11 | | | | | | | | | |
| SIGNATURE Superior | | | | | City | - | _ | FL Zip Code | e | |
| Signature, hybrid or printed rum or ingestients agont and till a lapscasetie. (NOTE Registered Agont septimine rum | 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. | | | | | | | | | |
| After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. | | | | | | | | | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S | 1 1 L 10 0 10 0 10 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADRESS SIREET ADDRESS S | 10. | _ | ~ | 11. | · | ADDITIONS/C | HANGES TO OFFI | CERS AND DIRECTORS | S IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | FRALEY, DAVID W 2885 ELECTRONICS DRIVE UNIT 11 STREET | | | E ET ADDRESS | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | nam Stre | ET ADDRESS | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAM STRE | E ET ADDRESS | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAM STRE | E Et address | | | ☐ Change | Addition | |
| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME Street address | | ☐ Delete | NAM STRE | E ET ADDRESS | | | ☐ Change | Addition | |
| 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 | NAME STREET ADDRESS CITY-ST-ZIP | pertify that the information supplied with | | NAM STRE CITY | E ET ADDRESS - ST-ZIP | Lin Charres 112 | | | Addition | |

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 requirer 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

TURBEARD WEED OR PRINCED NAME OF SIGNING OFFICER OR DIRECT.

Ficley

5-1-07

321-795-940