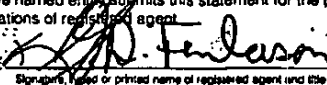
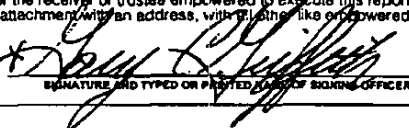


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-27-2006 90211 030 ***150.00

DOCUMENT # P05000067866			
1. Entity Name TONI'S ANTIQUES, INC			
Principal Place of Business 619 N DIXIE HWY LAKE WORTH, FL 33460 US		Mailing Address 619 N DIXIE HWY LAKE WORTH, FL 33460 US	
2. Principal Place of Business 4457-A Purdy Lane		3. Mailing Address 4457-A Purdy Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33406	Country US	Zip 33406	Country US
4. FEI Number		Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCVAY, DOUGLAS C 619 N DIXIE HWY LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name John D. Fenlason Street Address (P.O. Box Number is Not Acceptable) 4457-A Purdy Lane City West Palm Beach FL Zip Code 33406	
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  DATE 4-17-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRIFFITH, GARY 619 N DIXIE HWY LAKE WORTH, FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Griffith, Gary 4457-A Purdy Lane West Palm Beach, FL 33406 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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 the other like answered.			
SIGNATURE: 		DATE: 4-17-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66017430

