


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90364 031 ***150.00

DOCUMENT # P05000129678		
1. Entity Name TOGA WEAR, INC.		

Principal Place of Business 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701	Mailing Address 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701
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2. Principal Place of Business 1244 Center Ave Suite, Apt. #, etc.	3. Mailing Address 1244 Center Ave Suite, Apt. #, etc.
City & State Tarpon Springs, FL	City & State Tarpon Springs, FL
Zip 34689	Country



04242006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3558293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name Ryan Beasley Street Address (P.O. Box Number is Not Acceptable) 4940 Southfrok Drive City Lakeland FL Zip Code 33813
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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 Ryan Beasley Ryan Beasley 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAMBERS, EDWARD K III 1244 CENTER AVENUE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, T CHAMBERS, EDWARD K III 1244 CENTER AVENUE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: Ed Chambers 4/26/06 727-639-6019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #