

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 004 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000019815 1. Entity Name TOC PUBLISHING, INC.			
Principal Place of Business 200 W. WELBOURNE AVENUE SUITE 7 WINTER PARK, FL 32879		Mailing Address 200 W. WELBOURNE AVENUE SUITE 7 WINTER PARK, FL 32879	
2. Principal Place of Business - No P.O. Box # 1069 W Morse Blvd		3. Mailing Address 1069 W Morse Blvd	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789		Zip 32789	
Country 		Country 	
4. FEI Number 87-0762256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Chg-P CR2E034 (12/06)	
\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent W. EDWARD MCLEOD, PA 284 PARK AVENUE, NORTH WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LINDERS, JEANETTE C 222 S. NEW YORK AVENUE, 2ND FLOOR WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Linders, Jeanette C 4210 Ridge Pine Trail Orlando FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Grant, Joanne C. 1243 Lake Willisara Circle Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME 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 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:		427-07 407-478-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	