
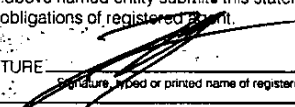
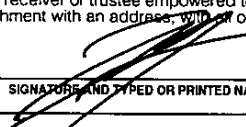


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 029 ***150.00

DOCUMENT # P93000087408 1. Entity Name SUN TOY OF FLORIDA, INC.						
Principal Place of Business 1322 VESTAVIA CIRCLE MELBOURNE, FL 32940 US			Mailing Address C/O C. MEILIA 1007 ROCKLEDGE DR ROCKLEDGE, FL 32955 US			
2. Principal Place of Business 5425 WILLOUGHBY DR.		3. Mailing Address Suite, Apt. #, etc.				
City & State MELBOURNE FL		City & State		4. FEI Number 59-3221793		
Zip 32934		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STIERNELOF, JAN 1322 VESTAVIA CIRCLE MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5425 WILLOUGHBY DR. City MELBOURNE FL Zip Code 32934			
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 		JAN STIERNELOF <small>Signature, typed or printed name of registered agent and title if applicable.</small>		2/20-06 <small>DATE</small>		
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				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIERNELOF, JAN 1322 VESTAVIA CIRCLE MELBOURNE, FL 32940		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5425 WILLOUGHBY DR. MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 or other like empowered.						
SIGNATURE: 			JAN STIERNELOF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/27-06 <small>Date</small>	
					<small>Daytime Phone #</small>	