


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000000779 1. Entity Name TIP TOP TOPPERS, INC.	
---	---

Principal Place of Business 1220 S.W. 12TH AVE. POMPANO BEACH, FL	Mailing Address 1220 SW 12 AVE POMPANO BEACH, FL 33069 US
---	---

DO NOT WRITE IN THIS SPACE



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0458888	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

TRICK, WILLIAM W JR
1216 EAST ATLANTIC BLVD #7
POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, TIMOTHY J. 1220 SW 12 AVE POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAVIN, TIMOTHY J. 1220 SW 12 AVE POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAVIN, TIMOTHY J. 1220 SW 12 AVE POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000005E7901
07/05/06-90001-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **TIMOTHY J. LAVIN** 7-1-06 954-781-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #