2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000043322

1. Entity Name
THE TOPALIAN AGENCY, INC.

Principal Place of Business	Mailing Address
10655 PALM SPRING DRIVE	10655 PALM SPRING DRIVE
BOCA RATON, FL 33428	BOCA RATON, FL 33428

2. Principal Place of Business *9703 Arbor Oaks Lane*

Suite, Apt. #, etc. *Apt. 102*

City & State *Boca Raton, FL*

Zip *33428* Country *Palm Beach*

3. Mailing Address *9703 Arbor Oaks Lane*

Suite, Apt. #, etc. *Apt. #102*

City & State *Boca Raton, FL*

Zip *33428* Country *Palm Beach*

04212006   Chg-P   CR2E034 (11/05)

4. FEI Number
65-0502676

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOPALIAN, ABIGAIL
10655 PALM SPRING DRIVE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name *Roger Topalian*

Street Address (P.O. Box Number is Not Acceptable) *9703 Arbor Oaks Lane*

Apt #102

City *Boca Raton*   FL   Zip Code *33428*

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 *Roger Topalian*   *4/21/06*

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TOPALIAN, ROGER		NAME *D Roger Topalian*	
STREET ADDRESS	10655 PALM SPRING DRIVE		STREET ADDRESS *9703 Arbor Oaks Lane #102*	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP *Boca Raton, FL 33428*	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TOPALIAN, ABIGAIL		NAME	
STREET ADDRESS	10655 PALM SPRING DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: *Roger Topalian*   *4/21/06* (561) 488-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #