


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90290 035 ***150.00

DOCUMENT # P94000071965

1. Entity Name
 TOBY'S TOY BOX, INC.



Principal Place of Business
 4165 DOW RD
 STE 36
 MELBOURNE FL 32934
 US

Mailing Address
 4255 AURORA RD
 MELBOURNE FL 32934
 US



2. Principal Place of Business
 2175 Bridle Path
 Suite, Apt. #, etc.

3. Mailing Address
 2175 Bridle Path
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
 Melbourne, Fla
 Zip 32935 Country USA

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 Melbourne, Fla
 Zip 32935 Country USA

4. FEI Number 59-3271711 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 CHANCEY, JAMES S
 4255 AURORA RD
 MELBOURNE FL 32934

7. Name and Address of New Registered Agent
 Name Chancey, James S
 Street Address (P.O. Box Number is Not Acceptable)
 2175 Bridle Path
 City melbourne FL Zip Code 32935

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 James S Chancey - Vice President *James S Chancey* 4-5-06
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANCEY, STACY	
STREET ADDRESS	2175 BRIDLE PATH	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANCEY, JAMES	
STREET ADDRESS	2175 BRIDLE PATH	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Stacy Chancey* Stacy Chancey 4-5-06 321-242-9842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #