## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 20, 2007 08:00			
DOCU	MENT # P9500003414	0		]	Se	ecretary	y of Stat
1. Entity Nan	ne						
JOY TOV	VING, INC.						
Principal Plac	ce of Business M	lailing Address		1			
2712 PARK STREET 2712 PARK STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460							
LAKE WORT	H, FL 33460	LAKE WORTH, FL 33460					
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,		, , ,	and the second			¬ \$8.75	Additional
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	5. Certificati	of Status Desired	Fee Re	
6. Name and Address of Current Registered Agent						,	
	PATRICIA A			NOT WI		graph of the state	
	K STREET RTH, FL 33460	Type O	P			real Comment	
LAKE WO	KIII, FE 33400				THIS SP	ACE	
					2. 12. 12. 12. 14. 1	, , "	
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required				when reinstating) DATE			
FILE NOWIN FEE 19 \$450.00 9. Election Campaign Financing \$5.				.00 May Be			
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.			.00 May Be U0000060512 led to Fees U1/30/07-80U23		150.00
10.	OFFICERS AND DIREC	CTORS			013 203 03 3	Ninte area	*****
TITLE	PD			$a = g_1^{(1)} \times \cdots \times f_n^{(n)}$	Saged" - C		* , \$40 mg
NAME	WYMAN, PATRICIA A		, "		erie erie erie erie erie erie erie erie		
STREET ADDRESS CITY-ST-ZIP	300 CAPTAINS WALK UNIT 115 DELRAY BEACH, FL 33483			e di e diser	The state of the s		, r
TITLE	ST SEACH, FL 33463			4 - 1 - 22 g		no transfer	1 B + 1 + 1 + 1
NAME	FUDGE, STEPHEN D				*	, ,	:
STREET ADDRESS	300 CAPTAINS WALK UNIT #115			•			
CITY-ST-7IP	DELRAY BEACH, FL 33483						n
TITLE NAME							
STREET ADDRESS				DO	NOT W	DITE	
CITY-ST-ZIP				- 1	NOT W		
TITLE				IN:	THIS SP	ACE	
NAME STREET ADDRESS					, <b></b>	<del></del> / /	
CITY-ST-ZIP			1 - 1	11.7	er jakor kar	$e^{\pm} = -\epsilon_{e}$	,4,
TITLE			1.	* .20.4			
NAME							ĺ
STREET ADDRESS					process of the second	• •	

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: 5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Daylame Phone #