2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 23, 2006 08:00 AM Secretary of State **DOCUMENT # P95000052453** 1. Entity Name OH LA LA TOO!, INC. Principal Place of Business Mailing Address 15420 NW 77 COURT 15420 NW 77 COURT MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 No Chg-P CR2E034 (11/05) 03132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0598130 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KROCKEL, CARLOS 15420 NW 77 COURT MIAMI LAKES, FL 33016 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 eccess the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSD** SITIF NAME KROCKEL, CARLOS STREET ADDRESS 15420 NW 77 COURT U00000478162 04/07/06-80018-008 150.00 MIAMI LAKES, FL 33016 City-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 suppliemental 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 direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment will an address, with all other like empowered.

SIGNATURE: ¿

STREET ADDRESS CITY-ST-ZW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR