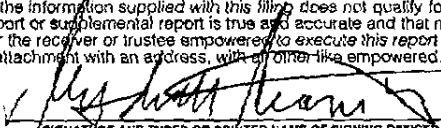


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000090392		
1. Entity Name TO THE MAX, INC.		
Principal Place of Business 10442 E TARA BLVD BOYNTON BEACH, FL 33437 US	Mailing Address 10442 E TARA BLVD BOYNTON BEACH, FL 33437 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLANICK, MAXINE 10442 E TARA BLVD BOYNTON BEACH, FL 33437		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) Signature, typed or printed name of registered agent and title if applicable 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		
TITLE	VSTD	
NAME	KLANICK, MAXINE B	
STREET ADDRESS	10442 E TARA BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	
NAME	KLANICK, MITCHELL W	
STREET ADDRESS	10442 E TARA BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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: 		4/24/06 561 7345101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0622840	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

000000536681
05/08/06-80103-001 150.00

**DO NOT WRITE
IN THIS SPACE**