## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # P97000035224 **Secretary of State** A TOT'S WORLD, INC. Mailing Address Principal Place of Business 919 ORANGE AVE LONGWOOD FL 32750 919 ORANGE AVE LONGWOOD FL 32750 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. it, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3442324 Not Applicable Country Ζιp Country \$8.75 Additional Ħ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 6500 S HWY 17-92 FERN PARK FL 32730 Zip Code City 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 DATE Significate, typed or preside name of registered agent and also it applicable TNOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition PSTD ☐ Delete mili BILE 100000455769 SEDA, CYNTHIA L NAME MAME STREET ADDRESS 03/16/06-80001-023 15**8.75** STREET ADDRESS 720 MENDEZ WAY CITY-ST-ZIP LONGWOOD FL 32750 CITY-S3-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP ☐ Addition Detete Change THE NAME MAME STRULY AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ModilibbA 🔲 TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST- AP Change Addition ISTLE Delete 33133 NAME NAME STREET ACCRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP

12. Thereby centify 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:

Contra terra Seda

3-3-06

407.782.8600

FILED