2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P97000059459 1. Entity Name TOAB, INC.					05-02-2005 90461 006 ***158.75			
Principal Place of Business Mailing Address					1 .			
1350 E. NEWPORT CENTER		PO BOX 4219					•	
SUITE 206		DEERFIELD BEACH, FL 33442-4219						
DEERFIELD BEACH, FL 33442							11 GETEL BILLD (BR) BITTL BILLS	101(CP) (1 100)
2. Principal Place of Business		3. Mailing Address					U 88581 81119 18511 BESSE BIJLS	!
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4				
Suite, Apr. #, etc.		Suite, Apt. #, etc.			04222005	Chg-P	CR2E034 (10/03)
City & State		City & State			4. FEI Numbe	 er	1 17	Applied For
					65-076			Not Applicable
Zip Country		Zip Coun		try	E Cortificato	of Status Desired	□ \$8.75 A	dditional
					5. Certificate	or Status Desired	Fee Requi	red
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	Registered Agent	
174371 41	0551050			Name	aus of	fices		
KAY LAW OFFICES C/O JAMES R. RAY, ESQUIRE 700 VILLAGE SQUARE CROSSING, STE. 102B				Street Address (P.O. Box Number is Not Acceptable).				
				40 J	ames K	. Kay	Esquire	
PALM BEA	L. 1020	•		_		<u>.</u>	∍B	
, , alm be, told of the end of the				700 Viu	σ	re Crossi	Zip Co	
					<u>3each Go</u>			410
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 (INOTE; Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE	DP	P 🗀 Delete TITL		E			☐ Change	e 🔲 Addition
NAME			NAM	l l				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	522,4,225 50.1,12 50.12		CITY	-ST-ZIP				
TITLE			TITLE				☐ Change	e Addition
NAME	REIBLING, GUENTHER			ET ADORESS				
STREET ADDRESS CITY-ST-ZIP	1333 2.11211 311 3211 211 211 211			-ST-ZIP				
<u> </u>	DEERFIELD BCH, FL 33442		_				Change	e 🔲 Addition
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CITY-ST-ZIP				-ST-ZIP				
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NAME		50,0.0	NAM					_
STREET ADDRESS			STRE	EET ADDRESS				
CITY-ST-ZIP			CITY	'-ST-ZIP				
TITLE		☐ Delete	TITL	E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME		—	NAM	I				
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TITLE		☐ Delete	TITL	£			Chang	e 🔲 Addition
NAME			NAM	I				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		·		r-ST-ZIP				
12. Thereby	certify that the information supplied with	h this fifing does not quality to	or the exe	emption stated in Si	ection 119.07(3)	(i), Florida Statutes.	I turther certify that the	a information

12. Thereby certify that the information supplied with this tynig does not quality for the exemption stated in Section 119.07(3)(i). 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: Timbal

NAME OF SIGNING OFFICER OR DIRECTOR

sof (

4/22/2005 (954) 428

Daytime Phone