


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000059459	
1. Entity Name TOAB, INC.	

Principal Place of Business 1350 E. NEWPORT CENTER SUITE 206 DEERFIELD BEACH, FL 33442	Mailing Address PO BOX 4219 DEERFIELD BEACH, FL 33442-4219
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0769045	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAY LAW OFFICES C/O JAMES R. KAY, ESQUIRE 700 VILLAGE SQUARE CROSSING, STE. 102B PALM BEACH GARDENS, FL 33410

**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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REIBLING, LORENZ 1350 E. NEWPORT CENTER DR. STE 206 DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REIBLING, GUENTHER 1350 E. NEWPORT CENTER DR. STE 206 DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KASSOF, LINDA G 1350 E. NEWPORT CENTER DR. STE 206 DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/10/06-80015-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Linda G. Kassof **04/27/2006** **(954) 428-4585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #