


AND  
FILED

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

06 JAN -9 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065900		
1. Entity Name TADDY, INC.		

Principal Place of Business 3506 N. FEDERAL HWY. DELRAY BEACH, FL 33483	Mailing Address 3506 N. FEDERAL HWY. DELRAY BEACH, FL 33483
---	---

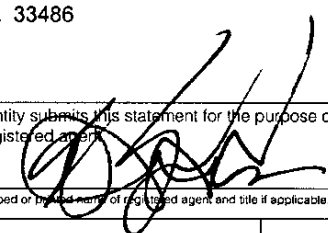
2. Principal Place of Business 3010 SW 14th Place Suite, Apt. #, etc. Suite 15 City & State Boynton Beach, FL 33426 Zip Country	3. Mailing Address 3010 SW 14th Place Suite, Apt. #, etc. Suite 15 City & State Boynton Beach, FL 33426 Zip Country
--	--



**REINSTATEMENT** 05-06

6. Name and Address of Current Registered Agent PAPERA, JOHN L 1499 W. PALMETTO PARK RD. BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Harry J. Ross, Esq. Street Address (P.O. Box Number is Not Acceptable) 6100 Glades Road Suite 211 City Boca Raton FL Zip Code 33434	
--	--	--	--

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.

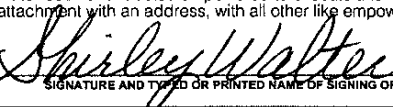
SIGNATURE  DATE 1/4/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WALTER, CHUCK 3506 N. FEDERAL HWY. DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Walter, Chuck 3010 SW 14th Place, Suite 15 Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WALTER, SHIRLEY 3506 N. FEDERAL HWY. DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Walter, Shirley 3010 SW 14th Place, Suite 15 Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500064520105 01/25/06--01040--002 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 1/4/06 561-243-3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eskel JAN 10 2006