## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P98000000622 TOTO SIGNS, INC. Principal Place of Business Mailing Address 2511 NW 10TH TERRACE C/O MARK I INGBER, C.P.A., P.A. POMPANO BEACH, FL 33064 10100 WEST SAMPLE ROAD #326 CORAL SPRINGS, FL 33065-3973 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0803950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TOTO, JOSEPH DO NOT WRITE 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees 10. OFFICERS AND DIRECTORS TITLE ST NAME TOTO, CECILIA STREET ADDRESS 2511 NW 10TH TERRACE CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE HARGURS10093 NAME TOTO, JOSEPH U4/28/U6-80069-022 150.00 STREET ADDRESS 2511 NE 10TH TERRACE CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 at other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 Date 954-510-0109

FILED

Daytime Phone #