2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90263 027 ***150.00

DOCUMENT # P98000011445

1. Entity Name
JOY TO THE WORLD COLLECTIBLES, INC.

66421749

04212004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5811 PELICAN BAY BLVD. SUITE 206-A NAPLES, FL 34108	5811 PELICAN BAY BLVD. SUITE 206-A NAPLES, FL 34108

2. Principal Place of Business	3. Mailing Address
10400 CAMELBACK LANE Suite, Apt. #, etc.	10400 CAMELBACK LANE Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. FEI Number: 65-0819450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCAFFREY, JUDITH E MCCAFFREY & KUTT P.A 5811 PELICAN BAY BLVD. SUITE 206A NAPLES, FL 34108	Name: NATHALIE EVERAERT Street Address (P.O. Box Number is Not Acceptable): 10400 CAMELBACK LANE City: BOCA RATON FL Zip Code: 33498

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: NATHALIE EVERAERT — 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELECHAVA, LISA L 1004 BRETTON RIDGE KNOXVILLE, TN 37919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WHITE, NEAL 1853 TRADE CTR WAY NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DUSTIN, KERRY 425 8TH ST SOUTH NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition

SIGNED COPY BY NEW REGISTERED AGENT

12. I hereby certify that the information supplied with this filing does not qualify 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: LISA L. KELECHAVA — 4/26/04 — 865-470-7148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #