2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM DOCUMENT # P98000021892 1. Entity Name **Secretary of State** TOCODRIAN, INC. Mailing Address Principal Place of Business 2771 EAST ATLANTIC BLVD. 2771 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 CR2E034 (11/05) 03072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0820916 Not Applicabl \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINDACO, ERIKA 5001 NW 64TH DRIVE DO NOT WRITE CORAL SPRINGS, FL 33067 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 access the obligations of registered agent. (NOTE. Registered Agent signature required when reinstating) DATE Signature, lyped or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000475048 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SINDACO, ERIKA NAME STREET ADDRESS 5001 NW 64TH DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33067 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACIDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

954)718.3699

Dayrime Phone #