

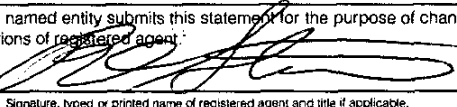
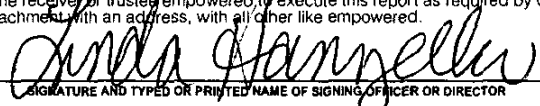


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90029 043 ***150.00

DOCUMENT # P98000046271 1. Entity Name TIMMY'S TOY CHEST, INC.					
Principal Place of Business 1210 S INTERNATIONAL PKWY STE 122 LAKE MARY, FL 32746			Mailing Address 20 N ORANGE AVE SUITE 600 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 1120 Town Park Ave.					
Suite, Apt. #, etc. Suite 1032					
City & State Lake Mary, FL					
Zip 32746					
3. Mailing Address Suite, Apt. #, etc. 		City & State 		4. FEI Number 59-3518265	
Country USA		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name 	
Street Address (P.O. Box Number is Not Acceptable) 				City FL	
				Zip Code 	
				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: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> DATE 4/21/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	PSD HANZELKO, LINDA 3419 FERNLAKE PL LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HANZELKO, RICH 3419 FERNLAKE PL LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 3-12-08 Daytime Phone # 407-804-9877	