


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000103558

1. Entity Name
AR-JOY OF TAMPA, INC.



Principal Place of Business 3641 W KENNEDY BLVD STE A TAMPA, FL 33609 US	Mailing Address 3641 W KENNEDY BLVD STE A TAMPA, FL 33609 US
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563088	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, ARIC 1200 SHEPPARD AVENUE EAST #106 WILLOWDALE ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JOY 1200 SHEPPARD AVENUE EAST #106 WILLOWDALE ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, CLIFF 4932 ST. CROIX DRIVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-80034-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/05 Daytime Phone #: (813) 353-2220