


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 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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04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**BARNETT, LESLIE J
 BARNETT, BOLT, KIRKWOOD & LONG
 601 BAYSHORE BLVD., STE 700
 TAMPA, FL 33608**

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 re-registering) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	

U00000511912
 04/29/06-80070-010 150.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address with all other information removed.

SIGNATURE:  **CLIFF LEVY** Date: **4/12/06** Daytona Phone #: **(813) 353-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR