2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P99000005720

Entity Name: TOP SHOP AUTO UPHOLSTERY, INC.

Current Principal Place of Business:

4301 OAK CIRCLE #15
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4301 OAK CIRCLE #15
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0888974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMEY, ALLISON
4301 OAK CIRCLE #15
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOMEY, BRUCE
Address: 3369 AVENDIDA ALHAMBRA
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP ( ) Delete
Name: TOMEY, ALLISON
Address: 2369 AVENDIDA ALHAMBRA
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ST ( ) Delete
Name: KINCAIN, ALICIA
Address: 218 N YADKIN AVENUE
City-St-Zip: SPENCER, NC 28159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TOMEY, BRUCE
Address: 2369 AVENDIDA ALHAMBRA
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: KINCAID, ALICIA
Address: 218 N YADKIN AVENUE
City-St-Zip: SPENCER, NC 28159

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON J. TOMEY VP 04/29/2005

Electronic Signature of Signing Officer or Director Date