

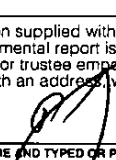


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90236 022 ***150.00

DOCUMENT # P99000085067 1. Entity Name TOY STORE YACHT GROUP, INC.																													
Principal Place of Business 1815 GRIFFIN ROAD SUITE 301 DANIA, FL 33004			Mailing Address 1815 GRIFFIN ROAD SUITE 301 DANIA, FL 33004																										
2. Principal Place of Business 6971 N. FEDERAL HIGHWAY Suite, Apt. #, etc. 301		3. Mailing Address 6971 N. FEDERAL HIGHWAY Suite, Apt. #, etc. 301																											
City & State BOCA RATON		City & State BOCA RATON		4. FEI Number 94-3340665																									
Zip 33487		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ADLER, SIDNEY 1815 GRIFFIN ROAD #215 HALLANDALE, FL 33304			7. Name and Address of New Registered Agent Name SIDNEY ADLER Street Address (P.O. Box Number is Not Acceptable) 6971 N. FEDERAL HIGHWAY Ste 301 City BOCA RATON FL Zip Code 33487																										
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:  SIDNEY ADLER 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOLOSKY, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6017 LE LAR ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33496</td> <td></td> </tr> </table>			TITLE	PTSD	<input type="checkbox"/> Delete	NAME	WOLOSKY, PETER		STREET ADDRESS	6017 LE LAR ROAD		CITY-ST-ZIP	BOCA RATON, FL 33496		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  4/26/05 561-995-7465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													