


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S57576</b> 1. Entity Name TODDLER TECH II, INC.	
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Principal Place of Business 1756 ROUTE 9 PARKWOOD PLAZA CLIFTON PARK, NY 12065 US	Mailing Address 57 WEST HIGH STREET BALLSTON SPA, NY 12020 US
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01152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0273769	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KOSTICK, ELLIOT D 7390 NW 5TH ST. SUITE 1 PLANTATION, FL 33317
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**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	PST JOHNSON, CAROLYN 7 MALLARD LANDING SARATOGA SPRINGS, NY 12866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CAROLYN 7 MALLARD LANDING SARATOGA SPRINGS, NY 12866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, WILLIAM 7 MALLARD LANDING SARATOGA SPRINGS, NY 12866
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01/30/06-80085-013 150.00

**DO NOT WRITE  
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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:** *Carolyn M. Johnson* **Carolyn M. Johnson** 1-17-06 885-3353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #