

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004939

Entity Name: ONTIME TOYS, INC.

FILED
Aug 01, 2005
Secretary of State

Current Principal Place of Business:

9729 KINCAID DRIVE
FISHERS, IN 46038

New Principal Place of Business:

9190 CORPORATION DRIVE
INDIANAPOLIS, IN 46256

Current Mailing Address:

9729 KINCAID DRIVE
FISHERS, IN 46038

New Mailing Address:

7310 EAST 108TH STREET
FISHERS, IN 46038

FEI Number: 35-2127549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WING, GEORGE F
595 W GRANADA BLVD
|
ORMOND BEACH, FL 32174 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: D () Delete
Name: THIFALT, CHRISTOPHER S
Address: 7310 EAST 108TH STREET
City-St-Zip: FISHERS, IN 46308

Title: D () Delete
Name: THIFALT, CARRIE A
Address: 7310 EAST 108TH STREET
City-St-Zip: FISHERS, IN 46308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHRISTOPHER S THIFALT

PRES

08/01/2005

Electronic Signature of Signing Officer or Director

_____ Date