


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 450672 1. Entity Name BILL COOK & ASSOCIATES, INC.	
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Principal Place of Business 123 COUNTRY CLUB DR. ROYAL PALM BEACH FL 33411	Mailing Address 123 COUNTRY CLUB DR. ROYAL PALM BEACH FL 33411
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1522319	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COOK, WILLIAM M 123 COUNTRY CLUB DR ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete PD COOK, WILLIAM M STREET ADDRESS 123 COUNTRY CLUB DR CITY - ST - ZIP WEST PALM BEACH FL 33411
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000191674 01/24/05-80183-003 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: 	WILLIAM M. COOK	1/21/05	561-793-5029
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