2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497985

Title:

Name:

Address:

City-St-Zip:

FILED Mar 30, 2006 Secretary of State

Entity Name: GLADES PRECOOLER, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2900 STAT BELLE GLA	E RD 15 ADE, FL 3343() US					
Current Mailing Address:				New Mailing Address:			
N/A P.O. BOX 5 PAHOKEE,							
FEI Number: 59-1670304 FEI Number Applied For () FEI N			FEI Nur	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BRANCH, HUGH SR. 2801 BACOM POINT RD. PAHOKEE, FL 33476 US				SHIVER, DANIEL L 807 IVY DRIVE WELLINGTON, FL 33414 US			
The above in the State		ubmits this statement for the	e purpose c	of changing it	s registere	ed office or registered agent, or both,	
SIGNATURE: DANIEL L SHIVER				03/30/2006			
	Electroni	ic Signature of Registered A	gent			Date	
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () HATTON, ROGE 2727 BACOM P PAHOKEE, FL			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () BRANCH, HUGH 2801 BACOM PO PAHOKEE, FL			Title: Name: Address: City-St-Zip:		(X) Change()Addition HUGH, JR, JTHWEST 16TH DRIVE BEE, FL 34974 US	
Title: Name: Address: City-St-Zip:	STD () BRANCH, BARB 2801 BACOM P PAHOKEE, FL			Title: Name: Address: City-St-Zip:	STD SHIVER, D 807 IVY DF WELLINGT		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

VPD

BERGMANN, BRETT

13646 CALLINGTON DR

WELLINGTON, FL 33414 US

() Change (X) Addition

SIGNATURE: DANIEL L. SHIVER STD 03/30/2006

() Delete