2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511942

FILED May 28, 2005 Secretary of State

Entity Name: COOK/TAMPA BAY MOVING SYSTEMS, INC.

Current Principal Place of Business:			New Principal Place of Business:	
5105 W C TAMPA, F	LIFTON ST L 33634 US			
Current N	lailing Address:		New Mailing Addre	ess:
1728 SEN BUFFALC	ECA ST), NY 14210 US			
FEI Number	: 59-1693139 FEI N	lumber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Curren	t Registered Agent:	Name and Address	of New Registered Agent:
), DENNIS LIFTON ST L 33634 US			
	e named entity submit e of Florida.	s this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATU	RE:			
	Electronic Sign	nature of Registered Age	ent	Date
Election Ca	mpaign Financing Trust	Fund Contribution ().		
OFFICER	S AND DIRECTORS	1	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECTORS D () Delete FIERLE, DEBRA 4639 WINDING WOOD HAMBURG, NY 14075	s	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS
Title: Name: Address:	D () Delete FIERLE, DEBRA 4639 WINDING WOOD	S US	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete FIERLE, DEBRA 4639 WINDING WOOD HAMBURG, NY 14075 T () Delete CONLEY, JOSEPH 259 WASHINGTON HW	s Us Y	Title: Name: Address: City-St-Zip: Title: Name: Address:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	D () Delete FIERLE, DEBRA 4639 WINDING WOOD HAMBURG, NY 14075 T () Delete CONLEY, JOSEPH 259 WASHINGTON HW SNYDER, NY 14226 D () Delete REAGAN, BARBARA 3011 CLOVERBANK RI	s Us Y	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

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: GREGORY FIERLY P 05/28/2005