2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State **DOCUMENT # 517780** 05-02-2005 90496 028 ***150.00 1. Entity Name COOPER APPLIANCES AND SERVICE, INC. Principal Place of Business Mailing Address 20053723 3600 NW BOCA RATON BLVD 3600 NW BOCA RATON BLVD 1710 1710 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1709156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARRINGTON, GREGORY DO NOT WRITE 728 OSCEOLA DRIVE BOCA RATON, FL 33432 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 reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FARRINGTON, GREGORY NAME 728 OSCEOLA DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS CITY-ST-ZtP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS CITY-ST-ZIP

GREGOLY FARGINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED