

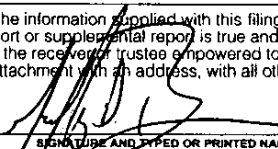


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 042 ***150.00

DOCUMENT # F03000005741 1. Entity Name CLASSIC COOKIE DISTRIBUTORS, INC.					
Principal Place of Business 19 COMMERCE RD FREEPORT, FL 32539			Mailing Address 19 COMMERCE RD FREEPORT, FL 32539		
2. Principal Place of Business - No P.O. Box # 124 Benning Drive Suite, Apt. #, etc. Suite 11		3. Mailing Address 124 Benning Drive Suite, Apt. #, etc. Suite 11			
City & State Destin FL		City & State Destin FL		4. FEI Number 43-1989464	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWER, GEOFFREY D 90 LEGION PARK LOOP MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent Name Brower, Geoffrey D Street Address (P.O. Box Number is Not Acceptable) 140 Botnay Blvd City Destin FL Zip Code 32541	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BROWER, GEOFFREY D		TITLE President	NAME Brower, Geoffrey D	
STREET ADDRESS 90 LEGION PARK LOOP	CITY-ST-ZIP DESTIN, FL 32541		STREET ADDRESS 140 Botnay Blvd	CITY-ST-ZIP Santa Rosa Beach, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  Geoffrey D. Brower 3-7-07 850.424.3084 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					