

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51455

FILED
Mar 05, 2007
Secretary of State

Entity Name: THE GIFTED COOK, INC.

Current Principal Place of Business:

C/O GEORGE G. COLLINS, JR.
756 BEACHLAND BLVD
VERO BEACH, FL 329631745

New Principal Place of Business:

Current Mailing Address:

C/O GEORGE G. COLLINS, JR.
756 BEACHLAND BLVD
VERO BEACH, FL 329631745

New Mailing Address:

FEI Number: 59-2584621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, GEORGE G., JR.
756 BEACHLAND BLVD
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: SCHOONOVER, GEORGE F. .
Address: 230 CLARKSON LANE
City-St-Zip: INDIAN RIVER SHRS, FL 32963

Title: DP () Delete
Name: SCHOONOVER, BETTE H.,
Address: 230 CLARKSON LANE
City-St-Zip: INDIAN RIVER SHRS, FL 32963

Title: DS () Delete
Name: SCHOONOVER, POLLY
Address: 780 TIMBER RIDGE TRAIL
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: POLLY SCHOONOVER

DS

03/05/2007

Electronic Signature of Signing Officer or Director

Date