


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # J26156 1. Entity Name ALWAYS BE COOL, INC.					
Principal Place of Business P.O. BOX 4697 N FT MYERS FL 33918-4697 US			Mailing Address P.O. BOX 4697 N FT MYERS FL 33918-4697 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 59-2704579 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LOPEZ, LOU J 16890 PERRY RANCH RD N. FT. MYERS FL 33917	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 required printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY- ST- ZIP	V LOPEZ, BARBARA L 8121 RICH RD N. FORT MYERS FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000564421 05/20/06-80065-006 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT LOPEZ, LOUIS R 8121 RICH ROAD N. FORT MYERS FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara Lopez V. Pres. 4-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #