## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # J64345 04-26-2006 90181 042 \*\*\*150 00 1. Entity Name COOPER COMMUNICATIONS CORP. Principal Place of Business Mailing Address 1866 JESSICA COURT WINTER PARK FL 32789 1866 JESSICA CT WINTER PARK FL 32789 2. Principal Place of Business Box 970 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number NC 59-2790612 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 1866 JESSICA COURT WINTER PARK FL 32789 City 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 Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME COOPER, CHARLES B. NAME STREET ADDRESS 1866 JESSICA CT STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME COOPER, WANDA D. NAME STREET ADDRESS 1866 JESSICA COURT STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-7IP Delete ☐ Addition THE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jeg (26.4200