2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2006 08:00 AM **Secretary of State** DOCUMENT # K97263 1. Entity Name BRAD COOPER, INC. Principal Place of Business Mailing Address C/O J. BRADLEY COOPER C/O J. BRADLEY COOPER 1712 E 7TH AVE 1712 E 7TH AVE TAMPA, FL 33605 **TAMPA, FL 33605** No Chg-P CR2E034 (11/05) 03022006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2963811 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COOPER, J. BRADLEY 1712 E 7TH AVE **TAMPA, FL 33605** 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MAME COOPER, J. BRADLEY STREET ADDRESS 1712 E 7TH AVE CITY-ST-ZIP TAMPA, FL U00000458570 03/17/06-80051-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE C17Y-S7-279

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 path; 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> J.B. COOPER UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

FILED