
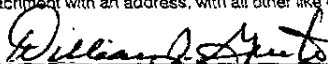


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M80693</b> 1. Entity Name MASTER COOL, INC.			
Principal Place of Business 6341 N.W. 33RD WAY FT. LAUDERDALE, FL 33309		Mailing Address 6341 N.W. 33RD WAY FT. LAUDERDALE, FL 33309	
<b>DO NOT WRITE IN THIS SPACE</b>			
04112005 No Chg-P CR2E034 (10/03)			
4. FEI Number 65-0052552		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARTIN, WILLIAM J. 6341 N.W. 33RD WAY FT. LAUDERDALE, FL 33309			
		<b>DO NOT WRITE IN THIS SPACE</b>	
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)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MARTIN, WILLIAM J		
STREET ADDRESS	6341 N.W. 33RD WAY		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE	ST		
NAME	MARTIN, NANCY		
STREET ADDRESS	6341 N.W. 33RD WAY		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/20/2005 954-974-4612	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	