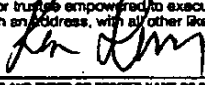


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-28-2006 90117 038 ***150.00

DOCUMENT # N05000008276					
1. Entity Name THE CREATIVE COOKS, INC.					
Principal Place of Business 4551 LONGSPUR DR SARASOTA, FL 34238			Mailing Address 4551 LONGSPUR DR SARASOTA, FL 34238		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3816168	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent ANDERSON, JONATHAN T 3665 BEE RIDGE RD #300 SARASOTA, FL 34233				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PERRY, L. KENNETH 4551 LONGSPUR DR SARASOTA, FL 34238	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, HERB 4274 BOCA POINTE DR SARASOTA, FL 34238	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, EDWARD 4382 OAK VIEW DR SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 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 617, 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 fees empowered.					
SIGNATURE: 		3/16/06 941-923-9409			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66009286



02012006 Chg-NP CR2E037 (11/05)