## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 1

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 16, 2006 08:00 AM Secretary of State

DOCUMENT # P0100008895  1. Entity Name 3IM COOK ENTERPRISES, INC.					Secre	cialy of	State	
Principal Place of Business Mailing Address 151 S. HALIFAX 151 S. HALIFAX ORMOND BEACH, FL 32176								
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				03142006 4. FEI Numb 59-372	03142096 No Chg-P CR2E034 (11/05)  4. FE( Number			
SIMPSON, SCOTT E 1020 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL				DO NOT WRITE IN THIS SPACE				
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 (amillar with, and acceptable obligations of registered agent.  Signature typed or printed name of registered agent and state of substantial agent and substantial (NOTE Registered Agent suprature required when rendaling)  DATE  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 (amillar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am (amillar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am (amillar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am (amillar with, and acceptable of the obligations of registered agent).							with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				5.00 May 8e Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P COOK, JIM 151 S HALIFAX ORMOND BEACH, FL 32176	COAS			000000 03/28/06- NOT W THIS SP	RITE	150.00	
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 507, 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:								