


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90008 013 \*\*\*150.00

<b>DOCUMENT# P01000040253</b> 1. Entity Name COO-YA BY GIBBO, INC.	
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Principal Place of Business 2187 SW 151 AVE MIRAMAR, FL 33027	Mailing Address 2187 SW 151 AVE MIRAMAR, FL 33027
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**DO NOT WRITE IN THIS SPACE**



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1095612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GIBSON, MICHAEL L 2187 SW 151 AVE MIRAMAR, FL 33027	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GIBSON, MICHAEL L 2187 SW 151 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TODD-GIBSON, CHRISTINE 2187 SW 151 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBSON, HERMINA 5507 CONSTANT SPRING TERRACE FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Michael Gibson Sr 07/18/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #