2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2006 08:00 AM DOCUMENT # P01000048656 **Secretary of State** COOL BY DESIGN, INC. Principal Place of Business Mailing Address 5426 SW 21 PLACE 5426 SW 21 PLACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 No Chg-P CR2E034 (11/05) 01042006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1108165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CLASSETTI, ARMONDO P DO NOT WRITE 5426 SW 21 PLACE CAPE CORAL, FL 33914 IN THIS SPACE 5. 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 lamiliar 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 regulated when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 U00000444205 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 83/06/06 80037-023 150.00 OFFICERS AND DIRECTORS 10. TITLE CLASSETTI, ARMONDO P NAME STREET ADDRESS 5426 SW 21 PLACE CITY ST-ZIP CAPE CORAL, FL 33914 me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C17Y-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY-ST-ZIP mu STREET AUXIMESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information susplied with this litting 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 accounts 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 flustee empowered to extend 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 attactment with an address, with all other the empowered.

SIGNATURE:

STRILET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06

239-980-5363

FILED

Daytime Phone