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Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90047 035 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084778

1. Entity Name
TOOLS R COOL INC.

94033316

Principal Place of Business	Mailing Address
2118 E. CONCORD ST. ORLANDO, FL 32803	2118 E. CONCORD ST. ORLANDO, FL 32803

03132004 Chg-P CR2E034 (10/03)

NEW

2. Principal Place of Business	3. Mailing Address
4032 ThomassA CT	4032 ThomassA CT
Suite, Apt #, etc: Orlando FL	Suite, Apt #, etc.
City & State	City & State: Orlando FL
Zip: 32812 Country:	Zip: 32812 Country:

4. FEI Number: 59-3746726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, GREG S
2118 E. CONCORD ST.
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: Greg Wallace
Street Address (P.O. Box Number is Not Acceptable): 4032 ThomassA CT
City: Orlando **FL** Zip Code: 32812

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: Greg Wallace — 3/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALLACE, GREG 2118 E. CONCORD STREET ORLANDO, FL 32803	☐ Delete	P GREG WALLACE 4032 ThomassA CT Orlando FL 32812.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Greg Wallace — 3-15-04 — 407-497-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #