

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90023 007 ***150.00

DOCUMENT # P02000032216 1. Entity Name COOKIE DOUGH CONNECTION, INC.					
Principal Place of Business 2736 AUTUMN LEAVES DRIVE DAYTONA BEACH, FL 32128			Mailing Address 2736 AUTUMN LEAVES DRIVE DAYTONA BEACH, FL 32128		
2. Principal Place of Business - No P.O. Box # 4164 BOULDER MDW NE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4164 BOULDER MDW NE <small>Suite, Apt. #, etc.</small>			
City & State BELMONT MICHIGAN <small>Zip</small> 49306 <small>Country</small> USA		City & State BELMONT MICHIGAN <small>Zip</small> 49306 <small>Country</small> USA			
4. FEI Number 01-0668696				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SCHUH, DAVID E 2736 AUTUMN LEAVES DR DAYTONA BEACH, FL 32128			7. Name and Address of New Registered Agent Name KURT A. WIPPERFURTH Street Address (P.O. Box Number is Not Acceptable) 105 RIVERSIDE DRIVE City ORMOND BEACH FL <small>Zip Code</small> 32176		
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 KURT A. WIPPERFURTH Kurt A. Wipperfurth 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SCHUH, DAVID E 2736 AUTUMN LEAVES DRIVE DAYTONA BEACH, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUH, DIANE A 2736 AUTUMN LEAVES DRIVE DAYTONA BEACH, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: David E. Schuh <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/18/08 416-874-6879 <small>Date Daytime Phone #</small>			