FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 30, 2003 8:00 am Secretary of State P02000059485 DOCUMENT # 1. Entity Name 04-30-2003 90085 012 ***150.00 AUNT HANNAH'S CUSTOM COOKIE COMPANY INC. Principal Place of Business Mailing Address TIUNUNUN 214 S E 13TH STREET 214 S E 13TH STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 74-3045915 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEATTIE, DONNA 3619 CORAL TREE CIRCLE **COCONUT CREEK FL 33073** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Regis FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE BEATTIE, DONNA NAME NAME 2525 NW6/ST RECEASE #3404 STREET ADDRESS 3619 CORAL TREE CIRCLE STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP TITLE Delete TITLE CRITCHLEY, SHARI NAME NAME STREET ADDRESS 47688 WOOLCOTT SQUARE STREET ADDRESS CITY-ST-ZIP POTOMAC FALLS VA 20165 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Change Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 recover on 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 attackment with SIGNATURE