SIGNATURE:

FILED FOR PROFIT CORPORATION Mar 18, 2004 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # P020000 76452

1. Entity Name 03-04-2004 90002 049 ***150.00 KOOL BEANZ & CO. INC. DO NOT WRITE IN THIS SPACE 66406684 2. Principal Place of Business 3. Mailing Address 10207 PALLADIO DELLOS DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable NEW PORT RICHEY, FL 33-1065122 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 34655 Fee Required 7. Name and Address of Current Registered Agent DO NOTWRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS <u>11.</u> TITLE TITLE NAME KATHY HANOUSEK NAME 10207 PALLADIO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34655 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY_ST-ZIP_ CITY-ST-ZIP NTHESPAGE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my-name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2003

Date

Daytime Phone #