2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 17, 2006 8:00 am Secretary of State

| DOCUMENT # P03000013795 1. Entity Name DOUGH TO DOUGH COOKIES INC. | | | | | 03-17-2006 90123 001 ***150.00 | | | | |
|--|--|--|------------------------|---|---|-----------------------|---------------------|---|----------------------------|
| 6993 TYRON TYRONE SQU | e of Business IE SQ. BLVD. IARE MALL BURG, FL 33710 US | Mailing Address 510 EDISON AVE. LEHIGH ACRES, FL 33936 US | | | N 16/68 MAN 16/4 68/1/ 68/ | # E272) (/262 (| ilin iarid iaral Ri | 1 6 | |
| 2. Principal P | face of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | 03122006 | Chg-P | CR2E | 034 (11/05) | |
| City & State | 9 | City_& State | | - | 4. FEI Numb 36-452 | | - | ⊢ i − | plied For at Applicable |
| Zip | Country | Country Zip C | | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| | | Name | | | | | | | |
| 510 EDISC | | | | Street Address | (P.O. Box Numb | per is Not Acceptable | 9) | | |
| LERIGHA | CRES, FL 33930 | | | | | | | | |
| | | | | City FL 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. | | | | | | | | | |
| , the obligations of registered agent | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution. | | | | | 5.00 May Be ided to Fees | | | | |
| 10. | OFFICERS AND DIRECTORS | | | , | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | PRES | RES Delete UNA, RICK | | | ☐ Change ☐ Addi | | | ☐ Addition | |
| NAME Street address | 510 EDISON AVE | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33936 | | | -ST-ZIP | | | | | |
| TITLE | VP Delete | | TITLE |) | | .,, | | ☐ Change | Addition |
| NAME STREET ADDRESS | GREEN, DONNA A 510 EDISON AVE. | | NAM | E et address | | | | | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33936 | | | -ST-ZIP | | | | | |
| TITLE | VP Delete | | | : | | | | ☐ Change | Addition |
| NAME | GREEN, KENNETH M | | | E | | | | _ , | _ |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS - ST-ZIP | | | | | |
| | LEHIGH ACRES, FL 33936 | Polyto | TITLE | | | | | Channe | |
| TITLE | KEENE, JACK E | Delete | | 1 . | | | | Change | Addition |
| STREET ADORESS | 11155 ELIZABETH DR. | | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | THREE RIVERS, MI 49093 | | CITY | -ST-ZiP | | | | | |
| TIME " | | · Delete · | TITLE | | | | | Change | · Addition |
| NAME STREET ADDRESS | National Control of the Control of t | بادي ۾ ان جي ان جي ان جي ان جي ان جي | NAM! STRE | | វាក្សា % % | 1 | | | |
| CITY-ST-ZIP | | 6 a. 31 | | -ST-ZIP | : 27° 42° - | | | | |
| TITLE | | Detete 1 9.75 | TITLE | ****** | and the Medical | | | Change | Addition |
| STREET ADDRESS | | , | STRE | ET ADDRESS | | | | | |
| CITY_ST-ZIP | | ∰war 1 | | -ST-ZIP | | 12 | <i>.</i> | | |
| 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 piner like empowered. | | | | | | | | | |