2004 FOR PROFIT CORPORATION

Sep 15, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000025312 09-15-2004 90051 001 ***150.00 1. Entity Name 09-15-2004 90051 002 *****8.75 DIAL-A-COOK PCS, INC. Principal Place of Business Mailing Address 238 E. COMMERCIAL BLVD. 238 E. COMMERCIAL BLVD. SUITE #1 SUITE #1 LAUDERDALE-BY-THE-SEA, FL 33308 LAUDERDALE-BY-THE-SEA, FL 33308 3. Mailing Address 2671 N.W 2. Principal Place of Business 2671 N.W. G Suite, Apt. #, etc. Suite, Apt. #, etc. 09022004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 47-0917049 Not Applicable \$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 WATSON-HORSTED, BEVERLEY 4445 TREEHOUSE LANE APT. B TAMARAC, FL 33319 marcast 8. The above named entity submits his 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 ag **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signaliste, lyoned or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Delete ☐ Addition TITLE TITLE WATSON-HORSTED, BEVERLEY NAME NAME 63rp tware 7(24) STREET ADDRESS 4445 TREEHOUSE LANE #B STREET ADDRESS 33063 argate, FC CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL 33319 Ofentions Safansur Elame workson Addition TITLE Delete TITLE ☐ Change NAME NAME 6901 NW SETT COUNT STREET ADDRESS STREET ADDRESS Sunnse, PC 37713 CITY-ST-ZIP CITY-ST-ZIP Viee hesisent Addition Delete TITLE TITLE NAME NAME 2671 NW 63RD teraci STREET ADDRESS STREET ADDRESS margate, 33 063 CITY-ST-ZIP CITY-ST-ZIP TITLE ~ ☐ Change [] Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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