# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2007**
**Secretary of State**

DOCUMENT# P04000004309

**Entity Name:** COOL GUIDES, INC.

**Current Principal Place of Business:**

5890 NORTHRIDGE DR N
NAPLES, FL 34110

**New Principal Place of Business:**

4281 7TH AVENUE SW
NAPLES, FL 34119

**Current Mailing Address:**

P.O. BOX 112530
NAPLES, FL 34108

**New Mailing Address:**

4281 7TH AVENUE SW
NAPLES, FL 34119

**FEI Number: 59-3775148** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DECLOEDT, JACQUES M
6205 WILSHIRE PINES CIR
#207
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete
Name: DECLOEDT, SABINE M MS
Address: 5890 NORTHRIDGE DRIVE NORTH
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: DECLOEDT, SABINE M MS
Address: 4281 7TH AVENUE SW
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABINE DECLOEDT PRES 03/19/2007

Electronic Signature of Signing Officer or Director — Date