2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036257

Entity Name: COOLQUEST INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16550 SCHEER BLVD. SUITE #2 HUDSON, FL 34667

Current Mailing Address: New Mailing Address:

16550 SHEER BLVD SUITE #2 HUDSON, FL 34667

FEI Number: 20-0778900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARPER, JANE M HARPER, JANE M 6615 MAGNOLIA POINT DRIVE

16550 SCHEER BLVD. SUITE 2 LAND O LAKES, FL 34637 HUDSON, FL 34667

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: JANE HARPER 04/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HARPER, JANE M HARPER, JANE M Name: Name: 6615 MAGNOLIA POINT DRIVE 16550 SCHEER BLVD. SUITE 2 Address: Address:

HUDSON, FL 34667 City-St-Zip: LAND O LAKES, FL 34637 City-St-Zip:

Title: VΡ Title: VΡ () Delete (X) Change () Addition

HARPER, DANIEL J Name: Name: HARPER, DANIEL J

6615 MAGNOLIA POINT DRIVE 16550 SCHEER BLVD. SUITE 2 Address: Address: HUDSON, FL 34667

LAND O LAKES, FL 34637 City-St-Zip: City-St-Zip:

Title: Title: GM (X) Delete () Change () Addition

MCKEE, RANDY Name: Name: 16550 SCHEER BLVD. SUITE 2 Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: JANE HARPER 04/21/2009