2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P0400050497 1. Entity Name COOKIE MAN, INC.						05-02-2006 90276 001 *1,500.00				
Principal Place	of Business	Mailing Address								
208 S.W. DRA		208 S.W. DRAGANFLY CT								
LAKE CITY, FL 32024		LAKE CITY, FL 32024				66013634				
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2. Principal Pl	ace of Business	3. Mailing Address								
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Sulte, Apt. #, etc.		Suite, Apt. #, etc.				04242006	Chg-P	CR2E034 (11/05)		
Olt 9 Cart		City & State				4. FEI Numbe			oplied For	
City & State		City & State				20-100		<u> </u>	ot Applicable	
Zip Country		Zip Cour		intry				±9.75 Ad		
						5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current	t Registered Agent		Moss		7. Name and	Address of New R	egistered Agent		
DIVETO C	HADIES MID			Name John Zarella						
DIVETO, CHARLES M JR. 208 S.W. DRAGONFLY CT			Street Address (P.O. Box Number is Not Acceptable)							
LAKE CITY, FL 32024			00951/7 -0000/10/11							
^			208 DN, Dragor H/V CT.							
Λ				City	CITY LOKE CITY FL 399224					
8. The above	named entity subplits this statement f	or the purpose of changing its	s register	ed office or re	egistere	d agent, or bot	h, in the State of Flo	orida. I am famillar with	and accept	
the obligati	ons of registered agent.	.ella						1-11		
SIGNATURE / JAMA / LAU// L										
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	TE: Registere	d Agent elgneture	e required v	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					\$5.0 Adde	00 May Be d to Fees				
10.			11.			ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	PS IN 11	
TITLE	PD	OFFICERS AND DIRECTORS 11		E		ADDITIONO	OTA NO COL	☐ Change	Addition	
NAME	ZARELLA, JOHN									
STREET ADDRESS			EET ADDRESS							
CITY-ST-ZIP	LAKE CITY, FL 32024		-ST-ZIP							
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TITLE		Delete	TITE	- 1				☐ Change	■ Addition	
NAME STREET ADDRESS			NAA STR	AE EET ADORESS						
CITY-ST-ZIP				-ST-ZIP						
	certify that the information supplied wi	th this filled does not qualify t	for the ex	emptions co	ntained	in Chapter 119	, Florida Statutes. 1	further certify that the	Information	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplemental report is rule 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 refee 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 expandings, with all other like empowered.

SIGNATURE:

Charles M. Diveto, Jr., CPA, PA

Charles M. Diveto, Jr., CPA, PA

7425 N.W. 4th Street

Signature and typed on Printed Name of Bigning Officer or Diagration, Florida 33317

t/ Ex/pl

954-32163

e Daytime Phor