


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**


01-08-2007 90249 041 \*\*\*150.00

DOCUMENT # P05000039184		
1. Entity Name COOL STYLE USA, INC.		

Principal Place of Business 934 N UNIVERSITY DR STE 250 CORAL SPRINGS, FL 33071	Mailing Address C/O S. KRAFT P.A. 934 NORTH UNIVERSITY DR SUITE 250 CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # 12921 VILLAGE BLVD	3. Mailing Address Suite, Apt. #, etc.
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City & State MADEIRA BEACH, FL	City & State
Zip 33708	Country USA

	
01042007	Chg-P CR2E034 (12/06)
4. FEI Number 20-2517948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMUNY, NEIL 9629 PARKVIEW AVE BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name NEIL HAMUNY Street Address (P.O. Box Number is Not Acceptable) 9629 PARKVIEW AVE City BOCA RATON FL Zip Code 33428	
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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.

SIGNATURE  DATE 1/4/07

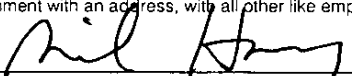
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAMUNY, NEIL 934 N UNIVERSITY DR STE 250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HAMUNY, JAMIE 934 N UNIVERSITY DR STE 250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE:  NEIL HAMUNY 1/4/07 904-755-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #