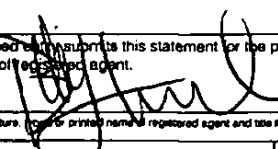
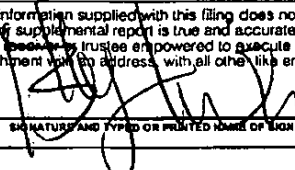


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-21-2006 90039 029 ***150.00

DOCUMENT # P05000167828			
1. Entity Name COOKBOOK CAFE, INC.			
Principal Place of Business 45 NORTH CONGRESS AVENUE SUITE B1 DELRAY BEACH, FL 33445-3409		Mailing Address 45 NORTH CONGRESS AVENUE SUITE B1 DELRAY BEACH, FL 33445-3409	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4022979		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANET, LLOYD ESQ 2295 NW CORPORATE BLVD SUITE 235 BOCA RATON, FL 33431-7330		7. Name and Address of New Registered Agent Name: HIMMELRICH, WILLIAM Street Address (P.O. Box Number is Not Acceptable): 45 N CONGRESS AVENUE STE B1 City: DELRAY BEACH FL Zip Code: 33445	
8. The above named person is 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 the named agent.			
SIGNATURE: 		DATE: 3/6/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Himmelrich, William B 1304 N. Ocean Blvd. Gulfstream, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 person or persons 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: 		DATE: 3/6/06 DAYTIME PHONE: 561-276-0013	

66003000



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