



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000141929		
1. Entity Name COOKIE'S CARING HANDS, INC.		
Principal Place of Business 4620 39TH AVENUE VERO BEACH, FL 32967		Mailing Address 4620 39TH AVENUE VERO BEACH, FL 32967
DO NOT WRITE IN THIS SPACE		
		
03272008 No Chg-P CR2E034 (11/05)		
4. FEI Number 20-5892012		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRYANT, CLARA 4620 39TH AVENUE VERO BEACH, FL 32967		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000911431 05/07/08-80040-005 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRYANT, CLARA 4620 39TH AVENUE VERO BEACH, FL 32967	
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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: <u>Clara Bryant</u>		4-19-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>