2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 20, 2006 08:00 AN Secretary of State DOCUMENT # P94000011959 COOKE REAL ESTATE SCHOOL, INC. Principal Place of Business Mailing Address 5531 9TH STREET NORTH 5531 9TH STREET NORTH ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 02162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-3295166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOGUE, ROBERT L DO NOT WRITE 5531 9TH STREET NORTH ST. PETERSBURG, FL 33703 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE HOGUE, ROBERT L NAME STREET ADDRESS 5531 9TH ST., N CITY-ST-ZIP ST PETERSBURG, FL TiTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplementative port 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 rivetee empowered typescute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or to changed, or on an attachment with a empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

Daytime Phone