2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P97000061378

Entity Name: COTLE, INC.

Current Principal Place of Business:

P.O. BOX 6602
FORT MYERS BEACH, FL 33932

New Principal Place of Business:

6309 CORPORATE COURT
SUITE 115
FORT MYERS, FL 33919

Current Mailing Address:

6309 CORPORATE COURT
SUITE 115
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0771342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DONNER, RICHARD A CPA
6309 CORPORATE COURT
SUITE 115
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PASEV, SPAS
Address: P.O. BOX 6602
City-St-Zip: FORT MYERS BEACH, FL 33932

Title: S ( ) Delete
Name: SVOBODOVA, JANA
Address: P.O. BOX 6602
City-St-Zip: FORT MYERS BEACH, FL 33932

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PASEV, SPAS
Address: 6309 CORPORATE COURT SUITE 115
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change ( ) Addition
Name: SVOBODOVA, JANA
Address: 6309 CORPORATE COURT SUITE 115
City-St-Zip: FORT MYERS, FL 33919

Title: M ( ) Change (X) Addition
Name: KRPALEK, DANIEL
Address: 6309 CORPORATE COURT SUITE 115
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPAS PASEV PSTD 04/25/2005

Electronic Signature of Signing Officer or Director — Date