

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 009 ***150.00

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03312005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000014677 1. Entity Name THE SERIOUS COOKIE COMPANY	
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Principal Place of Business 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060	Mailing Address 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060
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2. Principal Place of Business 419 Crossfield Circle	3. Mailing Address 419 Crossfield Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State Naples, FL
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Zip 34104	Country USA	Zip 34104	Country USA
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6. Name and Address of Current Registered Agent STUPARITZ, ALAN D 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060	
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7. Name and Address of New Registered Agent Name Sarafianos, Dean A. Street Address (P.O. Box Number is Not Acceptable) 419 Crossfield Circle City Naples, FL Zip Code 34104	
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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 **4/20/05**
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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SARAFIANOS, GEORGE		NAME Sarafianos, Dean A.	
STREET ADDRESS 900 E. ATLANTIC BLVD.		STREET ADDRESS 419 Crossfield Circle	
CITY-ST-ZIP POMPANO BEACH, FL 33060		CITY-ST-ZIP Naples, FL 34104	
TITLE VPST	<input type="checkbox"/> Delete	TITLE VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REAVES, CHARLOTTE		NAME Sarafianos, Charlotte	
STREET ADDRESS 900 E. ATLANTIC BLVD.		STREET ADDRESS 419 Crossfield Circle	
CITY-ST-ZIP POMPANO BEACH, FL 33060		CITY-ST-ZIP Naples, FL 34104	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **4/20/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 263
8819