## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 21, 2006 08:00 AM **DOCUMENT # P98000049663 Secretary of State** 1. Entity Name COTÓGO II CORP. Principal Place of Business Mairing Address 11380 PROSPERITY FARMS RD., #104 11380 PROSPERITY FARMS RD., #104 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 01152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0844844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COREY, MICHAEL T DO NOT WRITE 11380 PROSPERITY FARMS RD., #104 PALM BEACH GARDENS, FL 33410 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. DATE Signature, typed or printed name of registered apeni and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000476132 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 04/05/06-80044-025 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME COREY, MICHAEL T STREET ADDRESS 11380 PROSPERITY FARMS RD., #104 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 S TITLE NAME TORNABEN, PETER J STREET ADDRESS 11380 PROSPERITY FARMS RD., #104 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 1 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 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:

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

3/15/2006 (561)775-3335