


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V29160 1. Entity Name MCCOOL PRODUCTS, INC.	
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Principal Place of Business 11965 49TH STREET NORTH CLEARWATER, FL 33762 US	Mailing Address P.O. BOX 17357 CLEARWATER, FL 33762 US
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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3188482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCMULLEN, PAUL 11965 49TH STREET NORTH CLEARWATER, FL 34622

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMULLEN, PAUL 11965 49TH STREET NORTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMULLEN, BRETT M 11965 49TH ST N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMULLEN, PAUL M JR. 11965 49TH ST N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000342850 04/29/05-80071-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Paul M. McMullen, Sec. Director 04-26-05 727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #