

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041433

Entity Name: THE CHEESE SHOP, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

2277 OSPREY AVENUE
ORLANDO, FL 32814

New Principal Place of Business:

329 PARK AVENUE NORTH
102
WINTER PARK, FL 32789

Current Mailing Address:

2277 OSPREY AVENUE
ORLANDO, FL 32814

New Mailing Address:

329 PARK AVENUE NORTH
102
WINTER PARK, FL 32789

FEI Number: 20-8772530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUSSBAUM, KIRSTEN
2277 OSPREY AVENUE
ORLANDO, FL 32814 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: NUSSBAUM, KIRSTEN
Address: 2277 OSPREY AVENUE
City-St-Zip: ORLANDO, FL 32814

Title: VTD () Delete
Name: NUSSBAUM, ALAN
Address: 2277 OSPREY AVENUE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIRSTEN NUSSBAUM

PSD

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date