


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P39760
 1. Entity Name
ROCKY MOUNTAIN CHOCOLATE FACTORY, INC.




1st MOORE CR2E034 (10/05)

Principal Place of Business Mailing Address
265 TURNER DRIVE 265 TURNER DRIVE
DURANGO CO 81301 DURANGO CO 81301

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **84-0910696** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	CRAIL, FRANKLIN E			NAME			
STREET ADDRESS	265 TURNER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DURANGO CO 81303			CITY-ST-ZIP			
TITLE	DOT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MERRYMAN, BRYAN			NAME			
STREET ADDRESS	265 TURNER DR			STREET ADDRESS			
CITY-ST-ZIP	DURANGO CO 81303			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TRAINOR, FRED			NAME			
STREET ADDRESS	265 TURNER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DURANGO CO 81303			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MORTENSON, LEE N.			NAME			
STREET ADDRESS	285 TURNER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DURANGO CO 81303			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KIEN, GERALD A.			NAME			
STREET ADDRESS	265 TURNER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DURANGO CO 81303			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PEREZ, VIRGINIA			NAME			
STREET ADDRESS	265 TURNER DR			STREET ADDRESS			
CITY-ST-ZIP	DURANGO CO 81303			CITY-ST-ZIP			

U00000487113
 04/13/06-80063-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Virginia Perez* Virginia Perez, Corp. Secretary March 31, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR