

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855355

FILED
Apr 13, 2009
Secretary of State

Entity Name: KILWIN'S CHOCOLATES FRANCHISE, INC.

Current Principal Place of Business:

355 N. DIVISION RD.
PETOSKEY, MI 49770

New Principal Place of Business:

Current Mailing Address:

355 N. DIVISION RD.
PETOSKEY, MI 49770

New Mailing Address:

FEI Number: 38-2406448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEVE
850 NW 17TH AVENUE D
DELRAY BEACH, FL 33445 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: PT () Delete
Name: MCCARTY, DONALD
Address: 355 N DIVISION ROAD
City-St-Zip: PETOSKEY, MI 49770

Title: S () Delete
Name: HOOLEY, STEPHEN E
Address: 340 N FLETCHER RD
City-St-Zip: PETOSKEY, MI 49770

Title: D () Delete
Name: HOFFMAN, WILLIAM
Address: 5501 GREENWOOD ROAD
City-St-Zip: PETOSKEY, MI 49770

Title: D () Delete
Name: WOODRUFF, KEN
Address: 2334 TOR LANE PETOSKEY
City-St-Zip: PETOSKEY, MI 49770.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEPHEN HOOLEY

MR

04/13/2009

Electronic Signature of Signing Officer or Director

Date