

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 025 ***150.00

DOCUMENT # F02000000845 1. Entity Name OTIS SPUNKMEYER, INC.					
Principal Place of Business 14490 CATALINA STREET SAN LEANDRO, CA 94577			Mailing Address 14490 CATALINA STREET SAN LEANDRO, CA 94577		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 94-2536513	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 - After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPE, ANDREW 10 SOUTH WALKER DR., STE 3175 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Board of director Francis Haren 40 LAW Group Plc. 151 Thomas St Dublin 8, Ireland	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIAVO, JOHN 14490 CATALINA STREET SAN LEANDRO, CA 94577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Board of director Pat Morrissey C/O LAW Group Plc. 151 Thomas St Dublin 8, Ireland	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HAMADE, AHMAD 14490 CATALINA STREET SAN LEANDRO, CA 94577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVEN 10 SOUTH WALKER DR STE 3175 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RICKS, STEPHEN A 14490 CATALINA STREET SAN LEANDRO, CA 94577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLFATO, MARK 105 WALKER DR., STE. 3175 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: <u>Steven Ricks</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/18/2007</u> Daytime Phone #: <u>510-357-9836</u>		