

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007266

Entity Name: FOODSTYLING.COM INC.

FILED
Jun 12, 2012
Secretary of State

Current Principal Place of Business:

1888 CHECKERBERRY CT
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

1888 CHECKERBERRY CT
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 02-0684610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, MICHELLE L
1888 CHECKERBERRY CT
OVIEDO, FL 32766 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: KNOWLES, MICHELLE L
Address: 1888 CHECKERBERRY CT
City-St-Zip: OVIEDO, FL 32766

Title: SEC
Name: KNOWLES, MICHELLE L
Address: 1888 CHECKERBERRY CT
City-St-Zip: OVIEDO, FL 32766

Title: DIR
Name: KNOWLES, MICHELLE
Address: 1888 CHECKERBERRY CT
City-St-Zip: OVIEDO, FL 32766

Title: TRES
Name: KNOWLES, MICHELLE L
Address: 1888 CHECKERBERRY CT
City-St-Zip: OVIEDO, FL 32766

Title: DIR
Name: KNOWLES, MICHELLE L
Address: 1888 CHECKERBERRY CT
City-St-Zip: OVIEDO, FL 32766

Title: DIR
Name: KNOWLES, MICHELLE L
Address: 1888 CHECKERBERRY CT
City-St-Zip: OVIEDO, FL 32766

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE L. KNOWLES

PD

06/12/2012

Electronic Signature of Signing Officer or Director

Date