

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H47802
 1. Entity Name
JUST DESSERTS INC.



Principal Place of Business: **14202 CARLSON CIRCLE TRI-COUNTY BUSINESS PARK TAMPA FL 33626 US**
 Mailing Address: **14202 CARLSON CIRCLE TRI-COUNTY BUSINESS PARK TAMPA FL 33626 US**



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

1st MOORE CR2E034 (10/05)
 4. FEI Number: **59-2496816** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FAULKNER, PATRICK
 14202 CARLSON CIRCLE
 TAMPA FL 33626**

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 reconstituting) DATE _____

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP <input type="checkbox"/> Delete	NAME: FAULKNER, PATRICK D.	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 1100000449346
STREET ADDRESS: 10725 TAVISTOCK DRIVE	CITY-ST-ZIP: TAMPA FL	STREET ADDRESS: 03/09/06-80051-011	CITY-ST-ZIP: 150.00
TITLE: V <input type="checkbox"/> Delete	NAME: FAULKNER, MIA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 10725 TAVISTOCK DRIVE	CITY-ST-ZIP: TAMPA FL	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: S <input type="checkbox"/> Delete	NAME: FAULKNER, HELEN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 2606 LITTLE ROAD	CITY-ST-ZIP: VALRICO FL	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: T <input type="checkbox"/> Delete	NAME: FAULKNER, MIKE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 188 UPPER FLAT CREEK RD	CITY-ST-ZIP: WEAVERVILLE NC	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____

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: *Patrick Faulkner* **2-2006 8132635958**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #