


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L35935</b>	
1. Entity Name <b>CHOCOLATE ACCENTS, INC.</b>	

Principal Place of Business <b>680 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750</b>	Mailing Address <b>680 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750</b>
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05292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2983430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEVY, RENEE P. 409 TWISTING PINE CIRCLE LONGWOOD, FL 32779</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, RENEE P. 409 TWISTING PINE CIRCLE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, JULIA 409 TWISTING PINE CIRCLE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVY, STEPHAN M 409 TWISTING PINE CIRCLE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, FRED 409 TWISTING PINE CIR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Renée Levy</i> <b>RENEE LEVY</b>	Date: <b>5/29/07</b> 407 Daytime Phone #: <b>332 0059</b>