2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L35935

Entity Name: CHOCOLATE ACCENTS, INC.

Current Principal Place of Business:

680 FLORIDA CENTRAL PARKWAY
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

680 FLORIDA CENTRAL PARKWAY
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2983430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEVY, RENEE P.
409 TWISTING PINE CIRCLE
LONGWOOD, FL 32779 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: P ( ) Delete
Name: LEVY, RENEE P .
Address: 409 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL

Title: S ( ) Delete
Name: LEVY, JULIA
Address: 409 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL

Title: T ( ) Delete
Name: LEVY, STEPHAN M
Address: 409 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL

Title: VP ( ) Delete
Name: LEVY, FRED
Address: 409 TWISTING PINE CIR
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEVY, RENEE P .
Address: 409 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change ( ) Addition
Name: LEVY, JULIA
Address: 409 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change ( ) Addition
Name: LEVY, STEPHAN M
Address: 409 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change ( ) Addition
Name: LEVY, FRED
Address: 409 TWISTING PINE CIR
City-St-Zip: LONGWOOD, FL 32779

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: RENEE LEVY PRES 04/20/2009

Electronic Signature of Signing Officer or Director Date