


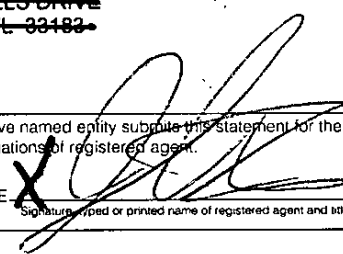
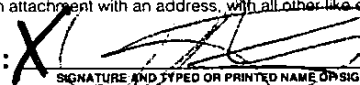
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90222 014 \*\*\*150.00

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DOCUMENT # M30142			
1. Entity Name TRULY SCRUMPTIOUS CHOCOLATE, INC.			
Principal Place of Business <del>8368 MILLS DRIVE</del> MIAMI, FL 33183		Mailing Address <del>8368 MILLS DRIVE</del> MIAMI, FL 33183	
2. Principal Place of Business <b>8219 S. DIXIE HWY</b>		3. Mailing Address <b>8219 S. DIXIE HWY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI - FLORIDA</b>		City & State <b>MIAMI - FLORIDA</b>	
4. FEI Number 59-2667140		Applied For Not Applicable	
Zip <b>33143-7719</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PATRIZIO, JOANN <del>8368 MILLS DRIVE</del> MIAMI, FL 33183		7. Name and Address of New Registered Agent Name <b>PATRIZIO, JOANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8219 S. DIXIE HWY</b> City <b>MIAMI</b> FL Zip Code <b>33143-7719</b>	
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: 		DATE: <b>APR 20 2005</b>	
SIGNATURE: <i>(Signature)</i>		DATE: <i>(Date)</i>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	PD PATRIZIO, JOANN 1255 NW 21ST TERR DELRAY BCH, FL <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: <b>APR 20 2005</b> (305) 669-4462	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	