

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90308 001 *****8.75
 04-05-2007 90308 002 *****61.25

DOCUMENT # N06000007887

1. Entity Name
SISTERSECRETS,CORP.



Principal Place of Business
**1606 WOOD VIOLET DR.
 ORLANDO, FL 32824**

Mailing Address
**1606 WOOD VIOLET DR.
 ORLANDO, FL 32824**

00000106



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number 34-2063828	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, KRISTAL S
 1606 WOOD VIOLET DR.
 ORLANDO, FL 32824**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, SANDRA 1606 WOOD VIOLET DR. ORLANDO, FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, KRISTAL S 1606 WOOD VIOLET DR. ORLANDO, FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM JONES, JONTAE N 4312 HECTOR CT. APT.7 ORLANDO, FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *[Signature]* **4-3-07** **407-694-9911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



***** Business Organizer *****

USE FOR YOUR SELF-EMPLOYED OR INDEPENDENT CONTRACTOR OR UNREIMBURSED EMPLOYEE BUSINESS EXPENSES



Did you acquire any assets (furniture, computer, equipment, etc.) for use in your business during the year? Yes No If Yes, please provide for each:

Description	Date Purchased	Price
		\$
		\$
		\$
		\$
		\$
		\$

(Use an additional sheet of paper, if necessary.)

Vehicle Expenses

ACTUAL EXPENSES:

	VEHICLE #1	VEHICLE #2
Date vehicle was placed in service		
Vehicle type and model year		
Total mileage driven during the year		
Business mileage driven during the year		
Gasoline, oil, repairs, insurance, registrations, etc.	\$	\$

IF YOU OWN YOUR VEHICLE:

Vehicle cost	\$	\$
Date purchased		
Vehicle loan interest paid during the year	\$	\$

IF YOU LEASE YOUR VEHICLE:

Lease payments for the year	\$	\$
Down payment on lease	\$	\$
Date lease began		
Length of lease		

Home Office

Space (sq. foot) used exclusively for your business office 150
 Total space (sq. foot) of home 4492

Rent	\$ 3800.92 mortgage
Utilities	\$ 1440.00
Insurance	\$ 1500.00
Repairs & Maint.	\$
Original cost of home ..	\$ 672,000
Cost of improvements .	\$

Other Expenses
(Security, HOA, etc.):

HOA	\$ 1500.00
Security	\$ 660.00
	\$
	\$



***** Business Organizer *****

USE FOR YOUR SELF-EMPLOYED OR INDEPENDENT CONTRACTOR OR UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

CLIENT NAME Tracy Hegenbart **TAX YEAR** 2006

Business Owner: Taxpayer Spouse Joint
 Principal business: Design and produce clothing Employer ID#: 20-4815431
 Product or service: Selling Organic Apparel
 Business name: Philosotees

BUSINESS INCOME:

Income/Sales (attach Form(s) 1099 self-employed or independent contractors only) \$ 0.00

BUSINESS EXPENSES: (list Vehicle and Home office expenses on next page)

Advertising	\$ <u>722.65</u>	Telephone (business related)	\$ <u>480.00</u>
Commissions paid	\$ <u>0.00</u>	Cellular Phone	\$ <u>420.00</u>
Employee benefit programs ...	\$ <u>0.00</u>	Bank Charges	\$ <u>0.00</u>
Health Insurance	\$ <u>0.00</u>	Customer gifts/incentives ...	\$ <u>40.00</u>
Insurance (other than health)	\$ <u>0.00</u>	Postage	\$ <u>0.00</u>
Interest expense (business-related loans)	\$ <u>0.00</u>	Photographs	\$ <u>0.00</u>
Legal & professional fees	\$ <u>1,579.00</u>	Promotion	\$ <u>0.00</u>
Pension/profit-sharing plan	\$ <u>0.00</u>	Dues & subscriptions	\$ <u>0.00</u>
Rent/Lease – office/storage ...	\$ <u>0.00</u>	Referral fees/splits	\$ <u>0.00</u>
Repairs & maintenance	\$ <u>0.00</u>	Uniforms	\$ <u>0.00</u>
Supplies	\$ <u>187.53</u>	Recruiting expenses	\$ <u>0.00</u>
Licenses & fees	\$ <u>0.00</u>	Printing	\$ <u>0.00</u>
Travel expenses	\$ <u>536.00</u>	Marketing expenses	\$ <u>0.00</u>
Meals & entertainment	\$ <u>0.00</u>	Casual labor	\$ <u>0.00</u>
Utilities (other than home)	\$ <u>0.00</u>	Internet	\$ <u>0.00</u>
Wages (paid to employees)	\$ <u>0.00</u>		

Additional expenses not listed above:

<u>Art Work Design</u>	\$ <u>927.00</u>		\$
	\$		\$
	\$		\$