

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Aug 07, 2009**  
**Secretary of State**

DOCUMENT# N07000009163

Entity Name: SPARKLES ENTERPRISE, INC.

**Current Principal Place of Business:**

8792 S.W. 213TH LANE  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

8792 S.W. 213TH LANE  
CUTLER BAY, FL 33189

**New Mailing Address:**

FEI Number: 80-0456149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKHAM, CATHERINE D  
892 S.W. 213TH LANE  
CUTLER BAY, FL 33189      US

**Name and Address of New Registered Agent:**

MCKHAM, CATHERINE D  
8792 S.W. 213TH LANE  
CUTLER BAY, FL 33189      US

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: \_\_\_\_\_      08/07/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MCKHAM, CATHERINE D  
Address: 8792 S.W. 213TH LANE  
City-St-Zip: CUTLER BAY, FL 33189

Title: V      ( ) Delete  
Name: MCKHAM-GILKES, CHRISTOPHER  
Address: 8792 S.W. 213TH LANE  
City-St-Zip: CUTLER BAY, FL 33189

Title: D      (X) Delete  
Name: MCKHAN, ORANDE  
Address: 3909 RESERVE DRIVE SUITE 635  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE D. MCKHAM      P      08/07/2009  
Electronic Signature of Signing Officer or Director      Date