2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049316

Entity Name: PATTY CAKES CATERING, INC.

FILED Apr 18, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1305 34TH ST., N.W. WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

1305 34TH ST., N.W. WINTER HAVEN, FL 33881

FEI Number: 59-3720875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SMITH, JAMES E JR. MEADOWS, DEBRA A
1305 34TH ST., N.W. 2808 AVENUE G NW
WINTER HAVEN, FL 33881 US WINTER HAVEN, FL 33880 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: DEBRA A MEADOWS 04/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SMITH, JAMES E JR.
 Name:
 MEADOWS, KENNETH N

 Address:
 3430 HICKORY ST., N.W.
 Address:
 2808 AVENUE G NW

3430 HICKORY ST., N.W. Address: 2808 AVENUE G NW WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete Title: VP (X) Change () Addition
Name: SMITH, PATSEY A Name: MEADOWS, DEBRA A

Address: 3430 HICKORY ST., N.W. Address: 2808 AVENUE G NW
City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete Title: S () Change (X) Addition

Name: Name: HOUGH, LORI

 Name:
 Name:
 Hoosi, Edit

 Address:
 Address:
 1260 NORTH 12TH STREET

 City-St-Zip:
 City-St-Zip:
 EAGLE LAKE, FL 33839

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA A MEADOWS VP 04/18/2006