

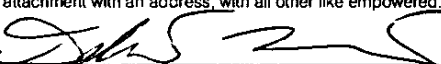


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90466 045 ***158.75

DOCUMENT # P02000029607 1. Entity Name THE ORIGINAL CUPCAKE SHOT DRINK COMPANY					
Principal Place of Business 1437 WHOOPING DRIVE GROVELAND, FL 34736			Mailing Address 4327 SOUTH HIGHWAY 27 #235 CLERMONT, FL 34711		
2. Principal Place of Business 13105 Plum Lake Cir Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State CLERMONT FL		City & State		4. FEI Number 03-0430581	
Zip 34715		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURRIER, DEBORAH 1437 WHOOPING DR GROVELAND, FL 34736			7. Name and Address of New Registered Agent Name: Deborah CURRIER Street Address (P.O. Box Number is Not Acceptable): 13105 Plum Lake Circle City: CLERMONT FL Zip Code: 34715		
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: 03-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	VP CURRIER, JR, JEFF 1437 WHOOPING DRIVE GROVELAND, FL 34736	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 13105 Plum Lake Circle CLERMONT, FL 34715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CURRIER, DEBORAH 1437 WHOOPING DRIVE GROVELAND, FL 34736	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 13105 Plum Lake Circle CLERMONT, FL 34715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 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: March 17, 2006 DAYTIME PHONE #: 352-469-4384 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					