2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000096739

Entity Name: BUTTERCUP BAKERY, INC.

Current Principal Place of Business:

197 E. CHURCH STREET
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1410 WINDY KNOLL LANE
DELAND, FL 32724

New Mailing Address:

197 E. CHURCH STREET
DELAND, FL 32724

FEI Number: 51-0428516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINES, TAMMY L
1410 WINDY KNOLL LANE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WINES, TAMMY L
Address: 1410 WINDY KNOLL LANE
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: COX, CHERYL L
Address: 2235 DEERFOOT TRAIL
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: SLANKER, AUDREY J
Address: 2049 BOND ROAD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WINES, TAMMY L
Address: 197 E. CHURCH STREET
City-St-Zip: DELAND, FL 32724

Title: D (X) Change ( ) Addition
Name: COX, CHERYL L
Address: 197 E. CHURCH STREET
City-St-Zip: DELAND, FL 32724

Title: D (X) Change ( ) Addition
Name: SLANKER, AUDREY J
Address: 197 E. CHURCH STREET
City-St-Zip: DELAND, FL 32724

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

SIGNATURE: TAMMY WINES D 04/30/2009

Electronic Signature of Signing Officer or Director Date