

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067800

Entity Name: DELIGHTFUL BITES, INC.

FILED
Apr 17, 2005
Secretary of State

Current Principal Place of Business:

1499 SW 30TH AVENUE
SUITE 11
BOYNTON BEACH, FL 33426

New Principal Place of Business:

3202 PINEHURST DRIVE
BOYNTON BEACH, FL 33426

Current Mailing Address:

1499 SW 30TH AVENUE
SUITE 11
BOYNTON BEACH, FL 33426

New Mailing Address:

3202 PINEHURST DRIVE
BOYNTON BEACH, FL 33426

FEI Number: 20-1294223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, CARMELITA J
1499 SW 30TH AVENUE
SUITE 11
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

SHAW, CARMELITA J
3202 PINEHURST DRIVE
BOYNTON BEACH, FL 33426 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: CARMELITA J. SHAW

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAW, CARMELITA
Address: 819 ASBURY WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V () Delete
Name: PHELPS, NANCY S
Address: 13390 W. 8TH AVENUE
City-St-Zip: GOLDEN, CO 80401

Title: T () Delete
Name: SHAW, CARMELITA
Address: 819 ASBURY WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: PHELPS, NANCY S
Address: 13390 W. 8TH AVENUE
City-St-Zip: GOLDEN, CO 80401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAW, CARMELITA
Address: 3202 PINEHURST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

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

Title: T (X) Change () Addition
Name: SHAW, CARMELITA
Address: 3202 PINEHURST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARMELITA J. SHAW

P

04/17/2005

Electronic Signature of Signing Officer or Director

Date