# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# P04000076072

**Entity Name:** CHILLS & FRILLS TWISTEE TREAT, INC.

**Current Principal Place of Business:**

5994 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

**New Principal Place of Business:**

819 9TH ST. N.E.
RUSKIN, FL 33570

**Current Mailing Address:**

819 9TH ST. N.E.
RUSKIN, FL 33770

**New Mailing Address:**

**FEI Number: 01-0813721** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LINS, D. MICHAEL ESQ.
711 W. FLETCHER AVENUE
SUITE B
TAMPA, FL 33612 US

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

SILVA, LESLEY
819 9TH ST. N.E.
RUSKIN, FL 33570 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: LESLEY SILVA 04/27/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SILVA, LESLEY
Address: 819 9TH STREET N.E.
City-St-Zip: RUSKIN, FL 33570

Title: D (X) Delete
Name: ANDERSON, SHIRLEY
Address: 18004 BILL TAYLOR ROAD
City-St-Zip: LITHIA, FL 33547

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

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

SIGNATURE: LESLEY SILVA D 04/27/2007
Electronic Signature of Signing Officer or Director Date