2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 25, 2006 8:00 am
Secretary of State
04-26-2006 90229 010 ***150.00

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04222006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000168082

1. Entity Name
DESSERT CENTERS, INC.

Principal Place of Business	Mailing Address
1040 BICHARA BOULEVARD LADY LAKE, FL 32159	1040 BICHARA BOULEVARD LADY LAKE, FL 32159

2. Principal Place of Business	3. Mailing Address
Paddock Mall, Suite, Apt. #, etc. 3100 College Road,	AS ABOVE Suite, Apt. #, etc.
City & State Ocala, Florida,	City & State
Zip 34474 Country U.S.A	Zip Country

4. FEI Number 56-2494089. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CYRUS, ROBERT R 214-A NORTH THIRD STREET LEESBURG, FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D President GULATI, SUNDEEP 1040 BICHARA BOULEVARD LADY LAKE, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V. President GULATI, JAIDEEP 1040 BICHARA BOULEVARD LADY LAKE, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GULATI MONICA. 1040 Bichara Blvd., Lady Lake, FL. 32159.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Company Secy/Treasurer	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Sundeep Gulati (Sundeep Gulati) 4.24.06 (352) 323-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #