

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078114

Entity Name: SPRINKLES, INC.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

3664 ALDER DRIVE
C-2
WEST PALM BEACH, FL 33417

New Principal Place of Business:

3825 TORRES CIRCLE
WEST PALM BEACH, FL 33409

Current Mailing Address:

3664 ALDER DRIVE
C-2
WEST PALM BEACH, FL 33417

New Mailing Address:

3825 TORRES CIRCLE
WEST PALM BEACH, FL 33409

FEI Number: 71-0982905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, ANITA L
3664 ALDER DRIVE
C-2
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

RICHARDSON, ANITA L
3825 TORRES CIRCLE
WEST PALM BEACH, FL 33409 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: ANITA L. RICHARDSON

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDSON, ANITA L
Address: 3664 ALDER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: JACKSON, MICHAEL E
Address: 430 S.E. 2ND AVENUE
City-St-Zip: SOUTH BAY, FL 33493

Title: T () Delete
Name: RICHARDSON, BOBBIE L
Address: 1447 CROSSWAY
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANITA L. RICHARDSON

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date