2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P06000089813

Entity Name: AMAZING TASTE INC.

Current Principal Place of Business:

500 MAIN STREET
UNITE E
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

500 MAIN STREET
UNITE E
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-5185339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUSHEIKO, SELWYN
1021 E OAKWOOD STREET
TARPON SPRINGS, FL 34689 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: P ( ) Delete
Name: HIRSCHBERG, ROBIN
Address: 500 MAIN STREET UNIT E
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP ( ) Delete
Name: HIRSCHBERG, DEBORAH
Address: 500 MAIN STREET UNIT E
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TREA (X) Delete
Name: HIRSCHBERG, RENEE
Address: 500 MAIN STREET UNIT E
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCP (X) Change ( ) Addition
Name: HIRSCHBERG, MICHELLE
Address: 1012 CHEROKEE ST
City-St-Zip: SAFETY HARBOR, FL 34695

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: ROBIN HIRSCHBERG P 04/29/2009

Electronic Signature of Signing Officer or Director Date