


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2008 8:00 am
Secretary of State

06-18-2008 90001 023 ***150.00

DOCUMENT # P06000091662	
1. Entity Name CUPCAKE PUNCH, INC.	

Principal Place of Business 2307 AMALFI WAY PALM BEACH GARDENS, FL 33410	Mailing Address 2307 AMALFI WAY PALM BEACH GARDENS, FL 33410
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40108310

2. Principal Place of Business - No P.O. Box # 2401 PGA Blvd. Suite, Apt., etc.: Suite 192 City & State Palm Bch. Gardens, FL Zip Country	3. Mailing Address Same Suite, Apt., etc.: City & State 33410 Zip Country
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05022008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WEBB, DESIREE S 2307 AMALFI WAY PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name: Desiree S Webb Street Address (P.O. Box Number is Not Acceptable): 2401 PGA Blvd. Suite 192 City: Palm Bch. Gardens FL Zip Code: 33410	
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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: Desiree Webb DATE: 5/2/08
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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEBB, DESIREE S 2307 AMALFI WAY PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 PGA Blvd. Suite 192 Palm Bch. Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Desiree Webb DATE: 5/2/08 561.602.1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR