

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90157 006 ***150.00

DOCUMENT # P06000135103 1. Entity Name MICHAEL'S EXTRAORDINARY DESSERTS, INC.					
Principal Place of Business 2705 E HANNA AVE SUITE H TAMPA, FL 33610-1462			Mailing Address PO BOX 20662 ST PETERSBURG, FL 33742-0662		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5778321	
Zip		Country		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	
FOWLER WHITE BOGGS BANKER P.A. 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 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 BY 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	OSTRANDER, MICHAEL J		NAME		
STREET ADDRESS	685 48TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DISMILE, NANCY		NAME		
STREET ADDRESS	685 48TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Nancy Dismile</i> SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR			4/16/07 813-417-4965 Date Daytime Phone		