2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# P08000005195

Entity Name: THE CAKE SHOP, INC.

Current Principal Place of Business:

1001 E NINE MILE RD
SUITE 300
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

1001 E NINE MILE D
SUITE 300
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 61-1553936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLBERT, CHARLOTTE K
1001 E NINE MILE RD
SUITE 300
PENSACOLA, FL 32514 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

OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete
Name: COLBERT, CHARLOTTE K
Address: 1001 E NINE MILE RD SUITE 300
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLBERT, CHARLOTTE K
Address: 1001 E NINE MILE RD SUITE 300
City-St-Zip: PENSACOLA, FL 32514

Title: V ( ) Change (X) Addition
Name: COLBERT, SHELDON
Address: 1085 URBAN DR
City-St-Zip: CANTONMENT, FL 32533

Title: T ( ) Change (X) Addition
Name: BROWN, CHRISTIE
Address: 1085 URBAN DR
City-St-Zip: CANTONMENT, FL 32533

Title: S ( ) Change (X) Addition
Name: COLBERT, JENNIFER
Address: 1085 URBAN DR
City-St-Zip: CANTONMENT, FL 32533

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: CHARLOTTE K COLBERT P 08/25/2009

Electronic Signature of Signing Officer or Director Date