2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# P09000000229

Entity Name: DONNA CUTTING PRESENTS, INC.

Current Principal Place of Business:

740 38TH AVE NORTH
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

PO BOX 76461
SAINT PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 80-0336464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUTTING, DONNA
740 38TH AVE NORTH
SAINT PETERSBURG, FL 33704 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: DPST ( ) Delete
Name: CUTTING, DONNA
Address: PO BOX 76461
City-St-Zip: SAINT PETERSBURG, FL 33734

Title: D ( ) Delete
Name: GLICKMAN, DAVID
Address: PO BOX 76461
City-St-Zip: SAINT PETERSBURG, FL 33734

Title: D ( ) Delete
Name: BRANNICK, JOAN
Address: PO BOX 76461
City-St-Zip: SAINT PETERSBURG, FL 33734

Title: D ( ) Delete
Name: GEROUX, SANDRA
Address: PO BOX 76461
City-St-Zip: SAINT PETERSBURG, FL 33734

Title: D ( ) Delete
Name: TIMMONS, DAVID
Address: PO BOX 76461
City-St-Zip: SAINT PETERSBURG, FL 33734

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:

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: DONNA CUTTING DPST 09/01/2009

Electronic Signature of Signing Officer or Director Date