

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000093150

FILED
May 01, 2010
Secretary of State

Entity Name: FUZIONS FROZEN YOGURT, INC.

Current Principal Place of Business:

1870 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3947
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 27-1293002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCHAFFIE, MATTHEW T
2087 WEST FOREST DRIVE
TALLAHASSEE, FL 32303 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P/T
Name: MCHAFFIE, MATTHEW
Address: 2087 WEST FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VP/S
Name: RUMENIK, MATTHEW
Address: 1935 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D
Name: MITCHELL, JOSEPH
Address: 2851 REMINGTON GREEN CIRCLE, SUITE A
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D
Name: SPRINGER, JOEL
Address: 2085 WEST FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D
Name: RINGERS, LARRY
Address: 1531 GRAPE STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW MCHAFFIE

P/T

05/01/2010

Electronic Signature of Signing Officer or Director

Date