

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000035644

Entity Name: FLAVOR TOOTHPICKS, INC.

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1730 E. HWY 50, #21  
CLERMONT, FL 34711

## **New Principal Place of Business:**

3300 SOUTH DECATUR BLVD  
#10420  
LAS VEGAS, NV 89102

## **Current Mailing Address:**

1730 E. HWY 50, #21  
CLERMONT, FL 34711

## **New Mailing Address:**

3300 SOUTH DECATUR BLVD  
#10420  
LAS VEGAS, NV 89102

FEI Number: 27-2447284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MILLER, CINDY  
10429 PARADISE BAY COURT  
CLERMONT, FL 34711 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: DPS  
Name: MILLER, CINDY  
Address: 10429 PARADISE BAY COURT  
City-St-Zip: CLERMONT, FL 34711

Title: DVT  
Name: MILLER, DAVID  
Address: 10429 PARADISE BAY COURT  
City-St-Zip: CLERMONT, FL 34711

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: CINDY MILLER

DPS

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date