

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073534

FILED
Jan 12, 2008
Secretary of State

Entity Name: TROYERS DECORATIVE TOPPINGS INC.

Current Principal Place of Business:

1569 SHADOW RIDGE CIR
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1569 SHADOW RIDGE CIR
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0616437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROYER, PAMELA
1569 SHADOW RIDGE CIR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

TROYER, WILLIAM
1569 SHADOW RIDGE CIR
SARASOTA, FL 34240 US

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: WILLIAM TROYER

01/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROYER, WILLIAM
Address: 1569 SHADOW RIDGE CIR
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: TROYER, PAMELA
Address: 1569 SHADOW RIDGE CIR
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM TROYER

PRES

01/12/2008

Electronic Signature of Signing Officer or Director

Date