

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094104

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: DESSERTS MANAGEMENT INC.

**Current Principal Place of Business:**

10702 MAPLE CHASE DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10702 MAPLE CHASE DRIVE  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 65-0962975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LONDON, SHELDON M  
9301 SW 94TH PLACE  
MIAMI, FL 33176 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: D ( ) Delete  
Name: ROSEN, LORI  
Address: 10702 MAPLE CHASE DRIVE  
City-St-Zip: BOCA RATON, FL 33498

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: ROSEN, IRWIN  
Address: 10702 MAPLE CHASE DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI ROSEN

D

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date