| No. <b>C 147133</b>   | Due no later than Jan 31, 2010  | 2. Registered Agent and Address (NO PO BOX) |       |         |             |
|---|---|---|-------|---------|-------------|
| Return to:  | Annual Report Form  | ort Form DEBRA J MILLER                     |       |         |             |
| SECRETARY OF STATE  | 1. Mailing Address: Correct in this box if needed.  365 BLUE LAKES BLVD N TWIN FALLS ID 83301 |   |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  | CAKE BOUTIQUE INC. (THE) DEBRA J MILLER 365 BLUE LAKES BLVD N                                 | 3. New Registered Agent Signature:*         |       |         |             |
|   | TWIN FALLS ID 83301   |   |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   |   |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |   |       |         |             |
| Office Held Name  | Street or PO Address  | City  | State | Country | Postal Code |
| PRESIDENT DEBRA J MI  | ILLER 365 BLUE LAKES BLVD N   | TWIN FALLS                                  | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   |   |       |         |             |
| ID  | Signature: Debra J Miller   | Date: 11/10/2009                            |       |         |             |
| C 147133  | Name (type or print): Debra J Miller  | Title: Owner                                |       |         |             |
| Processed 11/10/2009  | * Electronically provided signatures are accepted as original signatures.                     |   |       |         |             |