2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

DOCU 1. Entity Nam SWEETV INC.				01-31-200	05 90075 (
Principal Place of Business Mailing Address 820 PALMWAY ST. 820 PALMWAY ST. KISSIMMEE, FL 34744 KISSIMMEE, FL 34744			•				!	50008	766	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172005	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI Number 59-3433	784			oplied For ot Applicable	
Zip	Country	Zip	Country	a	- 5Certificate o	f Status Desired	∃ ` ⊡-	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current R	legistered Agent			7. Name and A	ddress of Nev	v Registered	Agent		
FERDINANDSEN ENTERPRISES, INC. 820 PALMWAY STREET				Name Street Address (P.O. Box Number is Not Acceptable)						
	E, FL 34744					····	<u> </u>			
			City				FL	Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office o	or registere	ed agent, or both	in the State of		familiar with.	and accept	
	ions of registered agent.	•	/		go, o					
SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature re					12.		1-2	10-0	5	
SIGNATORE.	Signature, typed or printed name of registered agent at	d title if applicable. (NOTE; Re	gistered Agent signa	ture required	when reinstating)		DATE	<u> </u>		
- SIGNATORE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005	d title if applicable. (NOTE: Re 9. Election Campa Trust Fund Cont	nign Financing	 _	\$5.00 May Be Added to Fees	F		k payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	9. Election Campa Trust Fund Cont	nign Financing		\$5.00 May Be	F	Make chec lorida Depa	rtment of S	tate	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recover or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachaged with an address, with all other like empowered.

SIGNATURÉ:

SIGN FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/26/05

Daysime Phone #