


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90152 011 \*\*\*150.00

<b>DOCUMENT # P04000039718</b>	
1. Entity Name <b>SWEET ROMANCE, INC.</b>	

Principal Place of Business <b>117 EAST 4TH AVENUE MOUNT DORA, FL 32757</b>	Mailing Address <b>117 EAST 4TH AVENUE MOUNT DORA, FL 32757</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0801764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GRIMBERG, LINDA L</b> <b>21720 QUEEN MARY COURT</b> <b>LEESBURG, FL 32748</b> <i>SEE CHANGES BELOW</i> <b>2101 DOGWOOD CIRCLE</b> <b>MOUNT DORA, FL 32757</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Linda L. Grimberg, Pres.* DATE: 4/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIMBERG, LINDA L</b>		NAME <b>GRIMBERG, LINDA L</b>	
STREET ADDRESS <b>21720 QUEEN MARY COURT</b>		STREET ADDRESS <b>2101 DOGWOOD CIRCLE</b>	
CITY-ST-ZIP <b>LEESBURG, FL 32748</b>		CITY-ST-ZIP <b>MOUNT DORA, FL 32757</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIMBERG, GEORGE H JR.</b>		NAME <b>GRIMBERG, GEORGE H. JR.</b>	
STREET ADDRESS <b>21720 QUEEN MARY COURT</b>		STREET ADDRESS <b>2101 DOGWOOD CIRCLE</b>	
CITY-ST-ZIP <b>LEESBURG, FL 32748</b>		CITY-ST-ZIP <b>MOUNT DORA, FL 32757</b>	
TITLE <b>DIR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPBELL, LISA M</b>		NAME	
STREET ADDRESS <b>901 SOUTH GROVE STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>EUSTIS, FL 32726</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda L. Grimberg* DATE: 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #