2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P97000084481 SWEET INTERIORS, INC. 01-27-2001 90070 033 ***150.00 Principal Place of Business Mailing Address 2004 SW 7TH PL 2004 SW 7TH PE CAPE CORAL FL 33991 CAPE CORAL(FL 33991 906468 2. Principal Place of Business 05 \(\sum_{\text{Suite}} \) Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0784557 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLASSETTI, DÂMIAN Street Address (P.O. Box Number is Not Acceptable) 2004 SW 7TH PL CAPE CORAL PL 33991 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. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Nick Classetti ☐ Delete TITLE CLASSETTI, DAMIAN NAME NAME 5214 SW 28 Pl. 2004 SW 7TH PL STREET ADDRESS STREET ADDRESS CARL GOTAL CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-7IP Delete TITLE Change TITLE TOMMY GAFFOR HOLLAND, JOSEPH NAME NAME STREET ADDRESS 3032 SW SANTA BARBRA PL APT. 3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP SECTIONY TRUST Brown ☐ Addition TITLE NAME NAME. 2742 N.W. 1354 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33993 City-St-ZIP APR COTAL FL ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with affigure like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR