

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009249

Entity Name: S.W.I.S.S., INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5311 ANDRIS CT
NORTH PORT, FL 34288 US

New Principal Place of Business:

3305 E. COMMANCHE AVE
TAMPA, FL 33610 US

Current Mailing Address:

PO BOX 50606
SARASOTA, FL 34232 US

New Mailing Address:

P.O.BOX 360246
TAMPA, FL 33673 US

FEI Number: 33-1032394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SABRINA B
5311 ANDRIS CT.
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

WILLIAMS, SABRINA B
3305 E. COMMANCHE AVE
TAMPA, FL 33610 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, SABRINA
Address: 5311 ANDRIS CT.
City-St-Zip: NORTH PORT, FL 34288

Title: D (X) Delete
Name: WILLIAMS, GREG N
Address: 1546 SHELBY CT
City-St-Zip: GURNEE, IL 60031 US

Title: D (X) Delete
Name: FRANKLIN, SHIRLEY
Address: 1110 S 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete
Name: WILLIAMS, DWIGHT
Address: 1388 NW 60TH ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, SABRINA
Address: 3305 E. COMMANCHE AVE
City-St-Zip: TAMPA, FL 33610

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA B. WILLIAMS

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date