

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001742

Entity Name: SPARKLE AMERICA, INC.

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

142 LONESOME DOVE LANE
RINGGOLD, GA 30736

New Principal Place of Business:

511 SPRUCE DRIVE
SPRING CITY, TN 37381

Current Mailing Address:

142 LONESOME DOVE LANE
RINGGOLD, GA 30736

New Mailing Address:

511 SPRUCE DRIVE
SPRING CITY, TN 37381

FEI Number: 65-0916093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, JOY
4730 PINETREE DRIVE
#1
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, JOY
Address: 142 LONESOME DOVE LANE
City-St-Zip: RINGGOLD, GA 30736

Title: D () Delete
Name: KRAUSE, KIMBERLY
Address: 142 LONESOME DOVE LANE
City-St-Zip: RINGGOLD, GA 30736

Title: D () Delete
Name: KRAUSE, MARK
Address: 142 LONESOME DOVE LANE
City-St-Zip: RINGGOLD, GA 30736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIXON, JOY
Address: 511 SPRUCE DRIVE
City-St-Zip: SPRING CITY, TN 37381

Title: D (X) Change () Addition
Name: KRAUSE, KIMBERLY
Address: 511 SPRUCE DRIVE
City-St-Zip: SPRING CITY, TN 37381

Title: D (X) Change () Addition
Name: KRAUSE, MARK
Address: 511 SPRUCE DRIVE
City-St-Zip: SPRING CITY, TN 37381

I hereby certify that the information supplied with this filing does not qualify for the 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: JOY DIXON

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date