2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# P00000065332

Entity Name: ONLY SWEET DREAMS, INC.

Current Principal Place of Business:

2267 S. UNIVERSITY DR.
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2267 S. UNIVERSITY DR.
DAVIE, FL 33324

New Mailing Address:

1460 S.E. 15TH STREET
UNIT D
FT LAUDERDALE, FL 33316

FEI Number: 65-0541834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSKA, MARIA
2267 S. UNIVERSITY DR.
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

SOSKA, MARIA
1460 S.E. 15TH STREET
UNIT D
FT. LAUDERDALE, FL 33315 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: 05/20/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOSKA, MARIA
Address: 2267 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33324

Title: V ( ) Delete
Name: SOSKA, FRANK
Address: 2267 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOSKA, MARIA
Address: 1460 S.E. 15TH STREET UNIT D
City-St-Zip: FT LAUDERDALE, FL 33316

Title: V (X) Change ( ) Addition
Name: SOSKA, FRANK
Address: 1460 S.E. 15TH STREET UNIT D
City-St-Zip: FT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SOSKA P 05/20/2005
Electronic Signature of Signing Officer or Director — Date