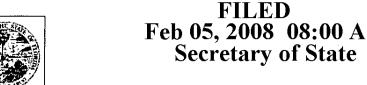
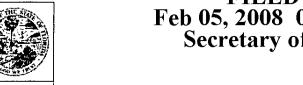
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P01000023514 1. Entity Name

STREET ADDRESS

CITY-ST-ZIP





SWEET PEA ACCOUNTING SERVICE, INC.					Seci	i Clai y	oi Sta	
Principal Plac	ce of Business	Mailing Address		-				
12588 SE 143 COURT POST OFFICE BOX 988 OCKLAWAHA FL 32179 OCKLAWAHA FL 32183-0								
Principal Place of Business - No P.O. Box # 3. Mailing Address						'8 1664 161 161 161 1		
Suite, Apt, #, etc.		Suite. Apt. #, BIC			1st MOORE CR2E	E034 (10/07)		
City & State		City & State		4. Fi	59-3709460 Applied Fo. Not Applie. Not Applie.		pplied For lot Applicable	
Zip	Country	Z:p	Country	5 . C	Certificate of Status Desired	\$9.75 04	ditional	
Name and Address of Current Registered Agent				7. N	ame and Address of New Registe	red Agent		
			Name					
MOORE, NANCY C 3420 SE 183 AVE ROAD OCKLAWAHA FL 32179			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	de	
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or	registered age	ent, or coth, in the State of Florida. I	am familiar with	, and accept	
SIGNATURE	Synature, typed or printed (anii) of registered agei	rtunditie Hapkozoro (NO	TE Registered Agor'i signat.	urc required when reii	estaturg) D.	ATE		
, After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0 k Payable to Florida Department	0.			Election Campaign Fir Trust Fund Centribution		.00 May Be led to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST MOORE, NANCY C 3420 SE 183 AVE ROAD OCKLAWAHA FL 32179	□ Dercte	TITLE NAME STREET ADDRESS CITY-ST-7IP	, (5).	U000008162 02/14/08-8004	og⊿ □ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD KELLERMIER, JAMES E 3420 SE 183 AVE ROAD OCKLAWAHA FL 32179	□ O÷ele	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	THE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	Addikon	
TITLE NAME . STREET ADDRESS GITY-ST-ZIP	•	☐ Dølete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME		☐ Deietc	TITLE NAME			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

STREET ADDRESS

CITY ST-ZIP

TAMES E. KELLERMIER 2-3-08 352625 4410

G OFFICER OR DIRECTOR

Days Days The Propries SIGNATURE: 1