2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jun 12, 2007 8:00 am DOCUMENT # P01000031042 **Secretary of State** 1. Entity Name 06-12-2007 90112 021 ***558.75 SCENTED DREAMS, INC. Principal Place of Business Mailing Address 334 SW 191 AVE PEMBROKE PINES FL 33029 334 SW 191 AVE PEMBROKE PINES FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-1087474 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent erand CAUTHEN, DIANA Street Address (P.O. Box Number is Not Acceptable) 334 SW 191 AVE. PEMBROKE PINES FL 33029 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. I am familiar with, and accept the obligations of registered agent. ana Llerandi SIGNATURE FILE NOW!!! FEE IS \$159.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ши Delete Change THE ☐ Addition Diana Llerandi CAUTHEN, DIANA L NAM 334 SW 191 AVE. STREET ADDRESS 334 S.W. 191 Are STREET ADDRESS PEMBROKE PINES FL 33029-7832 37029 CHY-SI-ZIP CHY SI ZIP PINES FL THUE Delete Addition NAMI NAMI STREET ADDRESS STREET LADDRESS CHY SE ZIP CHY ST ZIP ☐ Delete HIII Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST 7/P CITY ST ZIP 11113 ☐ Delete HH Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY St ZIP CHY SI ZIP ☐ Defete 11711 Channe Addition STRUET ADDRESS STREET ADDRESS CHY ST-7IP CHY SEZIP 1010 ☐ Defete mu ☐ Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY ST ZIP 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 eath; 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.

FILED