

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000049042
1. Entity Name Sara's Candy World, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6901 22nd Avenue N # 900 Suite, Apt. #, etc.	3. Mailing Address 6901 22nd Avenue N # 900 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-3725998	Applied For Not Applicable
Zip 33710	Country	Zip 33710	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ALI, ASIF	
Street Address (P.O. Box Number is Not Acceptable) 11150 4TH STREET N 4109	
City ST. PETERSBURG FL 33716	Zip Code 33716

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALI, ASIF 11150 4TH STREET N, # 4109 ST. PETERSBURG FL 33716 US
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Asif Ali ASIF ALI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03/14/05 (727) 421-2449  
Date Daytime Phone #