## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000054302

Entity Name: SWEETNESS VENDING, INC.

FILED Jan 21, 2005 Secretary of State

Littly Nai	ille. SVVEET	NESS VENDING, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2-10TH S1	Γ					
D SAINT AU	GUSTINE, FL	32080				
	lailing Addre		Now Maili	ing Address		
	_	55.	MEAN MIAIII	illy Address	•	
2-10TH S1 D	Γ					
_	GUSTINE, FL	32080				
FEI Number: 30-0065815 FEI Number Applied For()			FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	l Address of	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
LAYLAND, 2 10TH ST ST. AUGU	, BRAD L T. APT D JSTINE, FL 3:	2084 US				
	named entity e of Florida.	submits this statement for th	ne purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Age			Agent	Date		
Election Car		ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( LAYLAND, BR 836 MILEE AV WINTER PAR	/E.	Title: Name: Address: City-St-Zip:	LAYLAND, B 2-10TH ST. U		
Title: Name: Address: City-St-Zip:	D ( LAYLAND, WI 836 MILEE AV WINTER PAR	/E.	Title: Name: Address: City-St-Zip:	LAYLAND, W 2-10TH ST. U		
Title: Name: Address: City-St-Zip:	KOTKIN, CAR	CKS BLVD APT L03	Title: Name: Address: City-St-Zip:	KOTKIN, CAI 9715 HAMMO	DCKS BLVD APT 203	
Title: Name: Address: City-St-Zin:	SPIVAK, MAR 517 FLORIDA	BLVD	Title: Name: Address: CitysSt-Zin:		( ) Change ( ) Addition	

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: BRAD LAYLAND D 01/21/2005