2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054302

Entity Name: SWEETNESS VENDING, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2-10TH ST 907 ALICANTE RD

SAINT AUGUSTINE, FL 32086

SAINT AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

2-10TH ST 907 ALICANTE RD.

D SAINT AUGUSTINE, FL 32086

SAINT AUGUSTINE, FL 32080

FEI Number: 30-0065815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAYLAND, BRAD L HIRKO, ANDREW M MR 2 10TH ST. APT D 907 ALICANTE RD.

ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32086 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: ANDREW HIRKO 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LAYLAND, BRAD
 Name:
 HIRKO, ANDREW M MR

 Address:
 2-10TH ST, UNIT D
 Address:
 907 ALICANTE RD.

 City-St-Zip:
 ST, AUGUSTINE, FL 32080
 City-St-Zip:
 ST, AUGUSTINE, FL 32086

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LAYLAND, WENDY
 Name:
 HIRKO, KRISTINA

 Address:
 2-10TH ST. UNIT D
 Address:
 907 ALICANTE RD.

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ST. AUGUSTINE, FL 32086

Title: D (X) Delete Title: () Change () Addition

Name: KOTKIN, CAROL Name:
Address: 9715 HAMMOCKS BLVD APT 203 Address:

Address: 9715 HAMMOCKS BLVD APT 203 Address:
City-St-Zip: MIAMI, FL 33144 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SPIVAK, MARV
 Name:

 Address:
 517 FLORIDA BLVD
 Address:

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANDREW HIRKO MR 04/27/2007