2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081852

Entity Name: SUGARLOAF, INC

FILED Jul 02, 2007 Secretary of State

Elluty Naii	ne: SUGARLO	JAF, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 18544 TAMPA, FL 33677			1222 S. DALE MABR TAMPA, FL 33629	1222 S. DALE MABRY HWY. TAMPA, FL 33629	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 18 TAMPA, FL					
FEI Number:	59-3744498	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAMPA, FL The above	TH DALE MABI _ 33629 US named entity s		urpose of changing its registere	ed office or registered agent, or both,	
in the State SIGNATUR					
SICINATON		c Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () REAVES, JOHN 1222 SOUTH DA TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVST () GRONER, JOHN 1222 SOUTH DA TAMPA, FL 336	LE MABRY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN REAVES DP 07/02/2007