

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000043197

1. Entity Name
SWEET TIERS, INC.



**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90145 028 ***150.00

Principal Place of Business
4110 ENTERPRISE AVE
#105
NAPLES, FL 34104

Mailing Address
4406 EXCHANGE AVE #141
NAPLES, FL 34104

2. Principal Place of Business
4530 Arnold Ave
Suite #6

3. Mailing Address
4530 Arnold Ave
Suite #6

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip 34104 Country U.S.

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04212005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0675959 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAPARO, AMY
1136 ILLINOIS DR
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name Amy CRAPARO

Street Address (P.O. Box Number is Not Acceptable)
4530 Arnold Ave #6

City Naples

FL Zip Code 34104

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CRAPARO, AMY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	1136 ILLINOIS DR NAPLES, FL 34103		AMY CRAPARO 4530 Arnold Ave #6 Naples, FL 34104
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Handwritten signature of Amy Craparo, 4/29/05)