



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90145 028 \*\*\*150.00

<b>DOCUMENT # P02000043197</b> 1. Entity Name <b>SWEET TIERS, INC.</b>																																															
Principal Place of Business <b>4110 ENTERPRISE AVE #105 NAPLES, FL 34104</b>			Mailing Address <b>4406 EXCHANGE AVE #141 NAPLES, FL 34104</b>																																												
2. Principal Place of Business <b>4530 Arnold Ave</b> Suite, Apt. #, etc. <b>Suite #6</b>		3. Mailing Address <b>4530 Arnold Ave</b> Suite, Apt. #, etc. <b>Suite #6</b>																																													
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>01-0675959</b>																																											
Zip <b>34104</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																											
6. Name and Address of Current Registered Agent <b>CRAPARO, AMY 1136 ILLINOS DR NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>AMY CRAPARO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4530 Arnold Ave #6</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>																																											
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 <u><i>Amy Craparo</i></u> <u><i>Amy Craparo President 4/29/05</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D</b>  <b>CRAPARO, AMY</b>  <b>1136 ILLINOIS DR</b>  <b>NAPLES, FL 34103</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete             </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAPARO, AMY</b> <b>1136 ILLINOIS DR</b> <b>NAPLES, FL 34103</b>	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>AMY CRAPARO</b>  <b>4530 ARNOLD AVE #6</b>  <b>NAPLES, FL 34104</b> </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AMY CRAPARO</b> <b>4530 ARNOLD AVE #6</b> <b>NAPLES, FL 34104</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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)(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: <u><i>Amy Craparo</i></u> <u><i>Amy Craparo 4/29/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															