


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90177 030 \*\*\*150.00

<b>DOCUMENT # P02000112539</b> 1. Entity Name <b>SWEET STUFFINS GIFTS, INC.</b>					
Principal Place of Business <b>3811 SW 47 AVE STE 627 FT LAUDERDALE, FL 33314</b>				Mailing Address <b>3811 SW 47 AVE STE 627 FT LAUDERDALE, FL 33314</b>	
2. Principal Place of Business <b>501 NE 2nd Ave</b>		3. Mailing Address <b>501 NE 2nd Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Hallandale</b>		City & State <b>Hallandale</b>		4. FEI Number <b>04-3714389</b>	
Zip <b>33009</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33009</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BIRD, JILL 3811 SW 47 AVE STE 627 FT LAUDERDALE, FL 33314</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>501 NE 2nd Ave</b>  City <b>Hallandale</b> <b>FL</b> Zip Code <b>33009</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>Jill A Bird</i></u> <span style="float: right;">3/29/06</span> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRD, JILL 3811 SW 47 AVE STE 627 FT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>501 NE 2nd Ave Hallandale, FL 33009</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSS, PAULA 3811 SW 47 AVE STE 627 FT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>501 NE 2nd Ave Hallandale, FL 33009</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Jill A Bird</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/29/06 <small>Date</small>	