

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 003 ***150.00

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03252007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000018478 1. Entity Name SUGAR TREE, INC.			
Principal Place of Business 24761 US HWY 19 N SUITE 630 CLEAWATER, FL 33763		Mailing Address 24761 US HWY 19 N SUITE 630 CLEAWATER, FL 33763	
2. Principal Place of Business - No P.O. Box # 2430 Estancia Blvd. Suite, Apt. #, etc. Suite 108 City & State Clearwater, FL Zip 33761 Country US		3. Mailing Address 2430 Estancia Blvd Suite, Apt. #, etc. Suite 108 City & State Clearwater, FL Zip 33761 Country US	
4. FEI Number 58-2668256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEAWATER, FL 33763	
7. Name and Address of New Registered Agent Name Scourtas, Louis C. Street Address (P.O. Box Number is Not Acceptable) 2430 Estancia Blvd Suite 108 City Clearwater FL Zip Code 33761		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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GEORGE, DONNA 650 LEGENDS VIEW DRIVE EUREKA, MO 63025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BROCK, EDWIN G 4707 FOX MOUNTAIN ROAD PACIFIC, MO 63069	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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
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
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:		3/30/07 PRESIDENT <small>Date Daytime Phone #</small>	