

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039474

FILED
Apr 28, 2009
Secretary of State

Entity Name: HOW SWEET IT IS SHOPPE, INC.

Current Principal Place of Business:

P.O.BOX 1252
MOUNT DORA, FL 327561252

New Principal Place of Business:

4019A LAKE SAUNDERS DRIVE
MOUNT DORA, FL 32757

Current Mailing Address:

P.O.BOX 1252
MOUNT DORA, FL 327561252

New Mailing Address:

4019A LAKE SAUNDERS DRIVE
MOUNT DORA, FL 32757

FEI Number: 55-0827290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ECHOLS, LARRY A
6100 ESTERO BLVD
FT MYERS BCH, FL 33931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHUBERT, SUSAN A
Address: 24923 SARANAC COURT
City-St-Zip: EUSTIS, FL 32736

Title: DV () Delete
Name: SCHUBERT, JON M
Address: 24923 SARANAC COURT
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN A. SCHUBERT

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date