2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105934

Entity Name: OUR TREATS, INC.

FILED Jan 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3533 N. PINE ISLAND ROAD 4177 SW 87TH TERRACE

SUNRISE, FL 33351 DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

3533 N. PINE ISLAND ROAD 4177 SW 87TH TERRACE

SUNRISE, FL 33351 DAVIE, FL 33328

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIOS, SANDRA

3533 N.PINE ISLAND ROAD

SUNRISE, FL 33351 US

ACOSTA, ELIZABETH
4177 SW 87TH TERRACE
DAVIE, FL 33328 US

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: ELIZABETH ACOSTA 01/21/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 RIOS, SANDRA
 Name:
 ACOSTA, ELIZABETH

 Address:
 3533 N. PINE ISLAND ROAD
 Address:
 4177 SW 87TH TERRACE

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH ACOSTA P 01/21/2004