

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006788

Entity Name: SWEET DREAMZZZ, INC.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

13130 N.W. 11TH DRIVE  
SUNRISE, FL 33323 US

## New Principal Place of Business:

## Current Mailing Address:

13130 N.W. 11TH DRIVE  
SUNRISE, FL 33323 US

## New Mailing Address:

FEI Number: 16-1693774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PERFECTO, ALLISON  
13130 N.W. 11TH DRIVE  
SUNRISE, FL 33323 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: P ( ) Delete  
Name: PERFECTO, ALLISON  
Address: 13130 N.W. 11TH DRIVE  
City-St-Zip: SUNRISE, FL 33323

Title: V ( ) Delete  
Name: HODES, JUDITH  
Address: 381 CAMERON DRIVE  
City-St-Zip: WESTON, FL 33326

## 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 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: ALLISON PERFECTO

P

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date