


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-02-2005 90080 014 ***150.00

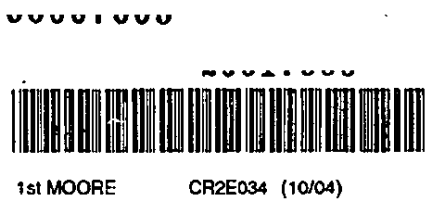
DOCUMENT # P04000090103
 1. Entity Name
SWEETIE PIE TREATS, INC.



Principal Place of Business: 3568 N.W. 4TH CT BOCA RATON FL 33431
 Mailing Address: 3568 N.W. 4TH CT BOCA RATON FL 33431

2. Principal Place of Business: *3568-N.W. 4 Court*
 3. Mailing Address: *3568-N.W. 4 Court*
 State, Apt. #, etc.: *Boca Raton*
 City & State: *FL*

4. FEI Number: *510516611*
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 Zip: *33431* Country: *USA*



6. Name and Address of Current Registered Agent
ROMANO, DOMENIC P
3568 N.W. 4TH CT
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: *Domenic P. Romano* DATE: *1/19/05*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PST	RAMANO, JEANETTE A	3568 N.W. 4TH CT	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 persons empowered.
 SIGNATURE: *Jeanette Romano* DATE: *1/19/05* DAYTIME PHONE: *561-392-5419*