2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # P0400093992 1. Entity Name SWEET SPOT OF PALM BAY, INC.						04-21-2006 90	•	**150.0	0	
Principal Place of Business		Melling Address		•	400	56574				
1766 CANOVA ST SE Palm Bay, Fl. 32909		1766 CANOVA ST SE Palm Bay, Fl 32909			quu	000				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #. etc.		03202006	Chg-P	CR2E034	/11/05)	1881 11 1881		
City & State		City & State		4. FEI Number		O CLIDO		plied For		
Zip	Country	Zp	Coun	try	20-1267	784 Status Desired	□ \$8	No 3.75 Add	t Applicable litional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>			Address of New R	Fer	Require		
41.004.5				Name Smith Cho						
ALRON ENTERPRISES, INC. 3990 MINTON RD MELBOURNE, FL 32904				Street Address	h, Cheryl L. Address (P.O. Box Number is Not Acceptable) 3 Amberwood Dr. SE					
EEDOO!	412,72 02304							•		
				City Palm Ba	v		FL	Zip Code	32909	
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 State of Florida. I am familiar with, and accept the obligations of registered agent. Cheryl L. Smith, Reg. Agent 03/20/06 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinsisting) DATE								and accept		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	10000 4100	DECTADO	S IN 11	
TITLE NAME							ILERS AND U	HECTOR	, , , , , ,	
	D SMITH CHERYLL	☐ Deleta	TITLE					Change	Addition	
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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 AND TYPED ON PROVED NAME OF SIGNING OFFICER OR DIRECTOR	Osta	Osytima Phone #
SIGNATURE: (MUL) Cheryl L. Smith, Director	03/20/06	321-951-0322