

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000094939

Entity Name: SWEET DREAMS OF GAINESVILLE, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

3437 W UNIVERSITY AVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

3437 W UNIVERSITY AVE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-1306377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANFREDI, MICHAEL J
3812 SW 15TH STREET
GAINESVILLE, FL 32608 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANFREDI, MICHAEL J
Address: 3812 SW 15TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: MANFREDI, LISA F
Address: 3812 SW 15TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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: LISA MANFREDI

V

04/30/2007

Electronic Signature of Signing Officer or Director

Date