
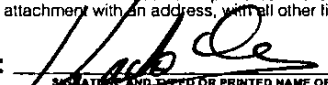


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90096 012 ***150.00

DOCUMENT # P05000001645 1. Entity Name SWEET STORY INC.					
Principal Place of Business 300 PALM COAST PARKWAY S.W. ST. JOE PLAZA, UNIT 12 PALM COAST, FL 32137			Mailing Address 300 PALM COAST PARKWAY S.W. ST. JOE PLAZA, UNIT 12 PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box # 16 RAE DRIVE		3. Mailing Address 16 RAE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM COAST FL		City & State PALM COAST FL		4. FEI Number APPLIED FOR 20-4957058	
Zip 32164		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32164		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERFATY, CHARLES S. 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KADOCH, DAVID 300 PALM COAST PARKWAY, S.W. PALM COAST, FL 32137		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KADOCH, SOLANGE AUBRY 300 PALM COAST PARKWAY, S.W. PALM COAST, FL 32137		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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: 			DAVID KADOCH		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/18/2007 Daytime Phone # 386 793 2955		

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