


Balance

FILED  
Apr 13, 2006 8:00 am  
Secretary of State

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

03-23-2006 90010 013 \*\*\*\*55.00  
04-13-2006 90297 045 \*\*\*\*103.75

<b>DOCUMENT # P05000017906</b>			
1. Entity Name SUGAR POTS, INC.			
Principal Place of Business 314 OLSEN ST SW PALM BAY, FL 32908		Mailing Address 314 OLSEN ST SW PALM BAY, FL 32908	
2. Principal Place of Business 6050 Babcock St Suite 10 Palm Bay, FL 32909 Brevard		3. Mailing Address 6050 Babcock St Suite 10 Palm Bay, FL 32909 Brevard	
4. FEI Number 02-0738072		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent KEMMERER, MARGARET A 314 OLSEN ST SW PALM BAY, FL 32908		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 <u>Margaret A Kemmerer</u> <u>Margaret A Kemmerer</u> <u>3/13/06</u> <small>Signature, typewritten printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when filing statement)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 D KEMMERER, MARGARET A 314 OLSEN ST SW PALM BAY, FL 32908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D KAULFERS, ALICE M PO BOX 110478 PALM BAY, FL 32911 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <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: <u>Margaret A Kemmerer</u> <u>Margaret A Kemmerer</u> <u>3/13/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	



ATTACHMENT  
500115-30

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2006

SUGAR POTS, INC.  
6050 BABCOCK ST  
STE 10  
PALM BAY, FL 32909

Subject: SUGAR POTS, INC.

Reference Number: P05000017906

~~Please be advised,~~ we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$95.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm  
ANNUAL REPORTS SECTION

95.00  
8.75  

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103.75