


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000067646 1. Entity Name SWEET STELLA GIFTS INCORPORATED	
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Principal Place of Business 17735 LONG RIDGE RD. TAMPA, FL 33647	Mailing Address 17735 LONG RIDGE RD. TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

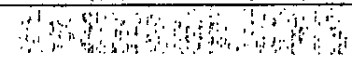
4. FEI Number 03-0561326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VEGLIANTE, STELLA W 17735 LONG RIDGE RD. TAMPA, FL 33647
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**DO NOT WRITE
IN THIS SPACE**

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 *Stella W. Vegliante* *Stella W. Vegliante* *4-14-07*
Signature, typed or printed name of registered agent and title if applicable. (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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEGLIANTE, STELLA W 17735 LONG RIDGE RD. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEGLIANTE, FRANCIS E 17735 LONG RIDGE RD. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/30/07-80053-025 150.00

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: *Stella W. Vegliante* *Stella W. Vegliante* *4-14-07* *813 994-1800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #