
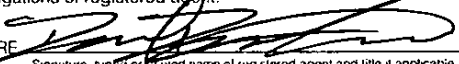


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 004 ***158.75

DOCUMENT # P05000116010			
1. Entity Name SWEETBRIAR INVESTMENTS, INC.			
Principal Place of Business 3687 LONGFELLOW ROAD TALLAHASSEE FL 32311		Mailing Address 3687 LONGFELLOW ROAD TALLAHASSEE FL 32311	
2. Principal Place of Business P.O. Box 180928		3. Mailing Address P.O. Box 180928	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32318-0928	Country U.S.A.	Zip 32318-0928	Country U.S.A.
6. Name and Address of Current Registered Agent PERKINS, DAVID 3687 LONGFELLOW ROAD TALLAHASSEE FL 32311		4. FEI Number 43-2088114	
		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name DAVID PERKINS			
Street Address (P.O. Box Number is Not Acceptable) 223 JOHN KNOX ROAD			
City TALLAHASSEE		FL Zip Code 32303	
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 		DAVID PERKINS - PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reconstituting)	
DATE 2/7/06		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P PERKINS, DAVID 3687 LONGFELLOW ROAD TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID PERKINS 223 JOHN KNOX ROAD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDOWELL, TAMI 3687 LONGFELLOW ROAD TALLAHASSEE FL 32311 <input checked="" 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
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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 Section 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 PERKINS** - **2/7/06** **(850) 251-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #