2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000140296

1. Entity Name SWEET FREEDOM, INC.



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

4486 FALLBROOK BLVD. PALM HARBOR, FL 34685 Mailing Address

4486 FALLBROOK BLVD. PALM HARBOR, FL 34685



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3641418

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARP, STEVE 4486 FALLBROOK BLVD. PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE

•				•••		
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its register	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE			ed Agent signature	Agent signature required when reinstating) DATE		
FiL After M	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, STEVE 4486 FALLBROOK BLVD. PALM HARBOR, FL 34685	••			1000000579430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARPE, RONNA 4486 FALLBROOK BLVD. PALM HARBOR, FL 34685				01/10/07-80007-011 158,75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

BIGHATURE AND TYPED PARENTED NAME OF BIGHING OFFICER OR DIRECTOR

1-3-06

813-508:1323

Daytime Phone #