

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90006 028 ***150.00

DOCUMENT # P06000108659 1. Entity Name SWEET WORLD MULTIPLE CORPORATION.			
Principal Place of Business 215 W GRAND CENTRAL AVE. 1105 TAMPA, FL 33606		Mailing Address 215 W GRAND CENTRAL AVE. 1105 TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 3627 W. Kennedy Blvd.		3. Mailing Address 3627 W. Kennedy Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tampa FL		City & State Tampa FL	
Zip 33609		Zip 33609	
Country USA		Country USA	
4. FEI Number 20-5412691		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFKA, ALBERTO J 215 W GRAND CENTRAL AVE 1105 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name: Dufka, Alberto J Street Address (P.O. Box Number is Not Acceptable): 3627 W. Kennedy Blvd City: Tampa FL Zip Code: 33609	
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: VICE PRESIDENT ALBERTO J. DUFKA 01/05/07 <small>Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	P DUFKA, ELIZABETH 215 W. GRAND CENTRAL AVE. 1105 TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dufka, Elizabeth 3627 W. Kennedy Blvd. Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T DUFKA, ALBERTO J 215. W GRAND CENTRAL AVE 1105 TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Dufka, Alberto J. 3627 W. Kennedy Blvd. Tampa, FL 33609
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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
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: VICE PRESIDENT ALBERTO J. DUFKA 01/05/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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01052007 Chg-P CR2E034 (12/06)