

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90049 039 \*\*\*150.00

**DOCUMENT # P06000124023**

1. Entity Name  
**REAL SWEET PROPERTIES CORPORATION**



Principal Place of Business  
**233 OVERBROOK DRIVE  
 CASSELBERRY, FL 32707**

Mailing Address  
**233 OVERBROOK DRIVE  
 CASSELBERRY, FL 32707**

40052651

2. Principal Place of Business - No P.O. Box #  
**NO CHANGE**

3. Mailing Address  
**NO CHANGE**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country  
 Country **Seminole**



04012007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5648573**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SWEET, TERESA D  
 233 OVERBROOK DRIVE  
 CASSELBERRY, FL 32707**

7. Name and Address of New Registered Agent  
 Name **NO CHANGE**  
 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 **N/A**  
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.  **\$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	PT SWEET, TERESA D 233 OVERBROOK DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FLANNERY, CHRISTOPHER W 1717 HIAWATHA KISSIMEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE</b>
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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 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: **T. D. Sweet, Teresa D. Sweet** **4/1/2007** **407-695-6684**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #