2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 11, 2008 8:00 am Secretary of State DOCUMENT # P07000133107 07-14-2008 90033 018 ***150.00 1. Entity Name SKINNY AND SWEET INC. Principal Place of Business Mailing Address 1523 OAK SPRINGS PLACE 1523 OAK SPRINGS PLACE LAKE MARY, FL 32746 LAKE MARY, FL 32746 66015850 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 07022008 Chg-P CR2E034 (12/06) City & State City & State Applied For Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent BURMAN, TARA 1523 OAK SPRINGS PLACE Street Address (P.O. Box Number is Not Acceptable) LAKE MARY, FL 32746 City 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 Signature, typed or printed name of regin red sport and title if applicable (NOTE: Repistered Apent signature required when reinst DATE \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE ☐ Delete TITLE ☐ Change ☐ Addition **BURMAN, TARA** NAME 1523 OAK SPRINGS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-78 LAKE MARY, FL 32746 CITY-ST-ZIP Octob ☐ Channe Addition NUE NAME STREET ADDRESS STREET ADDRESS CHTY-SI-ZIP CITY-ST-ZIP TITLE □ Delete IME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP TILE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP ITTLE Delete BILE Change ☐ Addition NALCE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TIME Oelete JID F ☐ Change ☐ Addition NAME KALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED HAVE OF SACRAMA 7/3/2008 SIGNATURE:

FILED