

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046031

FILED
Jan 06, 2009
Secretary of State

Entity Name: SWEETENED DREAMS INC.

Current Principal Place of Business:

1001 JAYBEE AVE.
DAVENPORT, FL 33897 US

New Principal Place of Business:

958 JAYBEE AVE
DAVENPORT, FL 33897 US

Current Mailing Address:

1001 JAYBEE AVE.
DAVENPORT, FL 33897 US

New Mailing Address:

958 JAYBEE AVE
DAVENPORT, FL 33897 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENICAL, LINDA
958 JAYBEE AVE.
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: SENICAL, LINDA
Address: 1001 JAYBEE AVE.
City-St-Zip: DAVENPORT, FL 33897 US

Title: S, D () Delete
Name: HALPIN, MICHELLE
Address: 1001 JAYBEE AVE.
City-St-Zip: DAVENPORT, FL 33897 US

Title: T (X) Delete
Name: HALPIN, RALPH
Address: 1001 JAYBEE AVE.
City-St-Zip: DAVENPORT, FL 33897 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: SENICAL, LINDA
Address: 958 JAYBEE AVE.
City-St-Zip: DAVENPORT, FL 33897 US

Title: S,D (X) Change () Addition
Name: HALPIN, MICHELLE
Address: 1001 JAYBEE AVE
City-St-Zip: DAVENPORT, FL 33897

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE HALPIN

S,D

01/06/2009

Electronic Signature of Signing Officer or Director

Date