

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079856

FILED
May 11, 2009
Secretary of State

Entity Name: SWEET REPEATS CHILDREN'S CONSIGNMENT BOUTIQUE, INC.

Current Principal Place of Business:

5054 SE FEDERAL HWY
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

1414 SE SUMMIT TRL
STUART, FL 34997 US

New Mailing Address:

5054 SE FEDERAL HWY
STUART, FL 34997 US

FEI Number: 26-3227189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGAETANO, SHARON
1414 SE SUMMIT TRL
STUART, FL 34997 US

Name and Address of New Registered Agent:

RESETAR, AMBER
1373 SE SUMMIT TRAIL
STUART, FL 34997 US

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: AMBER RESETAR

05/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEGAETANO, SHARON
Address: 1414 SE SUMMIT TRL
City-St-Zip: STUART, FL 34997 US

Title: VP () Delete
Name: TEUBNER, ELEANOR
Address: 8020 SE SEQUOIA DR
City-St-Zip: HOBE SOUND, FL 33455 US

Title: S () Delete
Name: SAWULSKI, CHARLENE
Address: 1400 SE SUMMIT TRL
City-St-Zip: STUART, FL 34997 US

Title: T () Delete
Name: RESETAR, AMBER
Address: 1373 SE SUMMIT TRL
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: AMBER RESETAR

T

05/11/2009

Electronic Signature of Signing Officer or Director

Date