2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P93000065927

Entity Name: A & A SWEET TREATS, INC.

Current Principal Place of Business:

7449 LOREDO DR
BAYONET POINT, FL 34667 US

New Principal Place of Business:

7449 LAREDO DR
BAYONET POINT, FL 34667 US

Current Mailing Address:

5867 BEVERLY DRIVE
HUDSON, FL 34667

New Mailing Address:

7449 LAREDO DR
BAYONET POINT, FL 34667 US

FEI Number: 59-3217681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOLZ, ANNE
5867 BEVERLY DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

STOLZ, ANNE C
5867 BEVERLY DR
HUDSON, FL 34667 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: ANNE C STOLZ 03/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: STOLZ, ANNE
Address: 5867 BEVERLY DR.
City-St-Zip: HUDSON, FL

Title: P ( ) Delete
Name: STOLZ, ALBERT F
Address: 5867 BEVERLY DRIVE
City-St-Zip: HUDSON, FL

Title: T ( ) Delete
Name: STOLZ, JAMES
Address: 23072 ESTERO CT
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Delete
Name: STOLZ, DAWN
Address: 23072 ESTERO CT
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: STOLZ, ANNE C
Address: 5867 BEVERLY DR.
City-St-Zip: HUDSON, FL

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

Title: T (X) Change ( ) Addition
Name: STOLZ, JAMES A
Address: 11631 SUNDER BERRY ST
City-St-Zip: HUDSON, FL 34667

Title: S (X) Change ( ) Addition
Name: STOLZ, DAWN M
Address: 11631 SUNDER BERRY ST
City-St-Zip: HUDSON, FL 34667

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: ALBERT F STOLZ P 03/20/2009
Electronic Signature of Signing Officer or Director Date