


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State


02-26-2007 90062 011 ***150.00

DOCUMENT # P97000062802	
1. Entity Name SO SWEET IT IS, INC.	

Principal Place of Business 22191 POWERLINE RD STE 1B BOCA RATON, FL 33433 US	Mailing Address GELBER & COMPANY 11460 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025
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2. Principal Place of Business - No P.O. Box # 500 NE Spanish River Blvd.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite # 22	Suite, Apt. #, etc.
City & State Boca Raton FL	City & State
Zip 33431	Country

40024066



01192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0769333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRAVIT, SUSAN 22191 POWERLINE RD STE 1B BOCA RATON, FL 33433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd. (#22) City Boca Raton FL Zip Code 33431
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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: Susan Kravit DATE: 12/21/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KRAVIT, SUSAN 22191 POWERLINE RD., STE. 1B BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 NE Spanish River Blvd (#22) Boca Raton FL 33431
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
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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: Susan Kravit DATE: 12/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR