


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P97000084481 1. Entity Name SWEET INTERIORS, INC.	
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Principal Place of Business 1805 SW 12 CT CAPE CORAL, FL 33991 US	Mailing Address 1805 SW 12 CT CAPE CORAL, FL 33991 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0784557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASSETTI, DAMIAN A
1805 SW 12 CT
CAPE CORAL, FL 33991**

**DO NOT WRITE
IN THIS SPACE**

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 **Damian Clasetti** (NOTE: Registered Agent signature required when reinstating) DATE **4/7/08**

FILE NOW!!! FEE IS \$180.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLASSETTI, DAMIAN A SR. 1805 S.W. 12TH COURT CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLASSETTI, DAMIAN A JR. 1805 S.W. 12TH COURT CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAFFORD, TOMMIE 2136 N.W. 22ND PLACE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-80020-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: **Damian Clasetti** **4/7/08** **239-994-1744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #