2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084481

Address:

City-St-Zip:

2136 N.W. 22ND PLACE

CAPE CORAL, FL 33993 US

FILED Apr 03, 2009 Secretary of State

Entity Nar	ne: SWEET	INTERIORS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1805 SW 1 CAPE COR	2 CT RAL, FL 339	91 US			
Current M	ailing Addre	ess:	New Mailing Addres	New Mailing Address:	
1805 SW 1 CAPE COF	2 CT RAL, FL 339	91 US			
FEI Number:	65-0784557	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			: Name and Address of	Name and Address of New Registered Agent:	
CLASSETTI, DAMIAN A 1805 SW 12 CT CAPE CORAL, FL 33991 US			1805 SW 12 CT	CLASSETTI, DAMIAN A SR. 1805 SW 12 CT CAPE CORAL, FL 33991 US	
The above in the State		submits this statement for t	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DAMIAN A CLASSETTI SR.				04/03/2009	
Electronic Signature of Registered Agent			Agent	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CLASSETTI, Ì 1805 S.W. 12) Delete DAMIAN A SR. ITH COURT ., FL 33991 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CLASSETTI, Ì 1805 S.W. 12) Delete DAMIAN A JR. ITH COURT ., FL 33991 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST (GAFFORD, T	X) Delete OMMIE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DAMIAN A. CLASSETTI SR. **PRES** 04/03/2009