

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053990

FILED
Feb 02, 2007
Secretary of State

Entity Name: PALSGROVE'S SWEET DREAMS, INC.

Current Principal Place of Business:

2791 N. VERNON RD
AVON PARK, FL 33825

New Principal Place of Business:

1497 W. AVON BLVD.
AVON PARK, FL 33825

Current Mailing Address:

2791 N. VERNON RD
AVON PARK, FL 33825

New Mailing Address:

1497 W. AVON BLVD.
AVON PARK, FL 33825

FEI Number: 65-0844989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALSGROVE, MICHAEL D
2791 N. VERNON RD
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

PALSGROVE, MICHAEL D PTSD
1497 W. AVON BLVD.
AVON PARK, FL 33825 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: MICHAEL D. PALSGROVE

02/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: PALSGROVE, MICHAEL D
Address: 2791 N. VERNON RD
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: PALSGROVE, MICHAEL D
Address: 1497 W. AVON BLVD.
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL D. PALSGROVE

PTSD

02/02/2007

Electronic Signature of Signing Officer or Director

Date