2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000079673

Entity Name: SWEETBERRIES, INC.

FILED Feb 22, 2008 Secretary of State

	imeipai i iacc	of Business:	New Principal	Place of Business:	
	IATEE AVE W. FON, FL 34209	US			
Current N	lailing Address	s:	New Mailing A	Address:	
	IATEE AVE W. FON, FL 34209	US			
FEI Number	: 65-0863040	FEI Number Applied For()	FEI Number Not Applicabl	e () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Add	dress of New Registered Agent:	
1104 92NI	, J. MICHAEL D STREET NW FON, FL 34209	US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its re	gistered office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	P ()				
Address:	OSMOND, J. MIC 1104 92ND STR BRADENTON, F	EET NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Fitle: Vame: Address:	OSMOND, J. MIC 1104 92ND STR BRADENTON, F	CHAEL EET NW _ 34209 Delete SS L . W.	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	OSMOND, J. MII 1104 92ND STR BRADENTON, F S () OSMOND, JAME 4002 23RD AVE BRADENTON, F	CHAEL EET NW - 34209 Delete SS L - W 34205 Delete Y W EET NW	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	OSMOND, J. MII 1104 92ND STR BRADENTON, F S () OSMOND, JAME 4002 23RD AVE BRADENTON, F T () OSMOND, CIND 1104 92ND STR BRADENTON, F	CHAEL EET NW _ 34209 Delete S L . W 34205 Delete Y W EET NW _ 34209 Delete MARGIE EET CIRCLE W, UNIT 5	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() 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.

SIGNATURE: J. MICHAEL OSMOND PRES 02/22/2008