2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2008 8:00 am **DOCUMENT # 299891** Secretary of State 1. Entity Name 02-04-2008 90047 034 ***158 75 STELLAR PARTNERS, INC. Principal Place of Business Mailing Address 5402 BEAUMONT CENTER VBLVD SUITE 108 5402 BEAUMONT CENTER VBLVD SUITE 108 TAMPA, FL 33634 TAMPA, FL 33634 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1151071 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. **SUITE 105** TALLAHASSEE, FL 32301 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Chief Executive Officer TITLE Delete TITLE Change ☐ Addition NAME STACKHOUSE, SUSAN H Stackhouse, Susan H. NAME 540a Beaumont Center Blvd. #108 STREET ADDRESS 5402 BEAUMONT CENTER BLVD. # 108 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP Tampa FL 33634 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CICCARELLO, SPRING M NAME NAME STREET ADDRESS 5402 BEAUMONT CENTER BLVD. # 108 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY+ST-7IP Vice - President TITLE ☐ Change ☐ Delete TITLE Addition Suns, Christine M. NAME NAME 540a Beaumont Center Blvd. #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33634 Jampa, TITI F President ☐ Change Addition □ Delete TITLE Bosquez, Ramon NAME NAME 5409 Beaumont Center Blvd. #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Tampa, FL 33634 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME

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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:

SIGNATURE:

SIGNATURE SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description

Date

Description

Date

Description

Date

Description

Date

Description

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP