2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# N05000007849

Entity Name: STILTSVILLE TRUST, INC.

Current Principal Place of Business:

169 EAST FLAGLER AVE
SUITE 1620
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

169 EAST FLAGLER AVE
SUITE 1620
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0145949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TUTTLE, WILLIAM II
169 EAST FLAGLER AVE
SUITE 1620
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BALDWIN, GAIL B
Address: 3250 MARY STREET, # 406
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete
Name: CAMERON, LYNNE
Address: 8900 NW 18TH TERRACE
City-St-Zip: MIAMI, FL 33172

Title: T ( ) Delete
Name: ROBERTS, JEFF
Address: 6105 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete
Name: LEE, NANCY
Address: 20448 NE 34 CT
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL B BALDWIN PC 07/17/2006

Electronic Signature of Signing Officer or Director — Date