


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90313 022 ***158.75

DOCUMENT # P02000058656					
1. Entity Name STERLING ACQUISITION GROUP, INC.					
Principal Place of Business ONE N CLEMATIS ST STE 305 W PALM BEACH, FL 33401			Mailing Address ONE N CLEMATIS ST STE 305 W PALM BEACH, FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0724446	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
02182005 Chg-P CR2E034 (10/03)				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WIENER, DAVID J ESQ ONE N CLEMATIS ST STE 305 W PALM BEACH, FL 33401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DV NAME PRESTON, JOHN W.S. STREET ADDRESS ONE N CLEMATIS ST STE 305 CITY-ST-ZIP W PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME GREEN, ROBERT S STREET ADDRESS 2851 JOHN ST STE ONE CITY-ST-ZIP MARKHAM, ONTARIO L3R 5R7 CAN.	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME KOSOY, DAVID STREET ADDRESS ONE N CLEMATIS ST STE 305 CITY-ST-ZIP W PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME KOSOY, BRIAN STREET ADDRESS ONE N CLEMATIS ST STE 305 CITY-ST-ZIP W PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HAMILTON, TOM STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME SHREEVE, DAVID STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE ST NAME Vincent J. Costello STREET ADDRESS ONE NORTH CLEMATIS ST STE 305 CITY-ST-ZIP West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Brian D. Kosoy</i> 04/06/05 561-835-1810					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					