2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 08:00 AM Secretary of State

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1. Entity Name STERLING PLAZA, INC.



Principal Place of Business

211 WABASH LAKELAND, FL 33815 Mailing Address P.O. BOX 16285 TAMPA, FL 33687



DO NOT WRITE IN THIS SPACE

| 01122 | 2007 No Crig-P | CRZ | :034 (11/0 | (פע |
|---------|---------------------------|-----|-------------------|---------------------|
| 4. FEI | Number | | | Applied For |
| 03 | -0461410 | | | Not Applicable |
| 5. Cert | ificate of Status Desired | | \$8.75 Fee Req | Additional uired |

6. Name and Address of Current Registered Agent

HARTMAN, PETER J 11404 1/2 N 56TH ST TAMPA, FL 33617

DO NOT WRITE

| ., | | | | IN | THIS SPACE |
|--|--|--|-------------------|--------------------------------|--|
| | named entity submits this statement for the plans of registered agent. | ourpose of changing its registere | ed office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | if applicable (NOTE: Registered | d Agent signature | e required when reinstating) | DATE |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLOWERS, PAUL E P.O. BOX 16285 TAMPA, FL 33687 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | V FLOWERS, DUANE A P.O. BOX 16285 TAMPA, FL 33687 | | | | 000000650542 03/08/07-80017-023 150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS SPACE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby of indicated | ertify that the information supplied with this function this report or supplemental report is true a | ling does not qualify for the exe | mptions cor | ntained in Chapter 119 | Florida Statutes, I further certify that the information it as if made under path; that I am an officer or director. |

of the corporation or the receiver or trustee empowered to execute and man my signature shall nave the same legal energies in made under daily limit it am an onice or 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: | Duane a Floren | DUANE A. FLOWERS | 2-23-07 (| 813/6810084 |
|------------|------------------------------------|----------------------------------|-----------|----------------|
| | SIGNATURE AND TYPED OR PRINTED NAM | E OF SIGNING OFFICER OR DIRECTOR | Oata | Davime Phone # |