


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000060767
 1. Entity Name
STELLAR INFORMATION TECHNOLOGY SOLUTIONS INCORPORATED



Principal Place of Business 1065 RED BUD CIRCLE ROCKLEDGE, FL 32955	Mailing Address 1065 RED BUD CIRCLE ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0034462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MACIAG, PETER K SR
 1065 RED BUD CIRCLE
 ROCKLEDGE, FL 32955

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLECCHIA, NANCY E CEO 1065 RED BUD CIRCLE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACIAG, PETER K SR. 1065 RED BUD CIRCLE ROCKLEDGE, FL 32955
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Peter K. Maciag Sr* **Peter K. Maciag Sr** 1-14-2005 321-504-3120
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #