2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90090 019 ***150.00

DOCUMENT # 469621

1. Entity Name
SUMMIT TECHNICAL ARCHITECTURAL GROUP, INC.

Principal Place of Business	Mailing Address
203 DIXIE BLVD DELRAY BEACH, FL 33444 US	203 DIXIE BLVD DELRAY BEACH, FL 33444 US

2. Principal Place of Business	3. Mailing Address
13072 ISABELLA TER.	13072 ISABELLA TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DELRAY BEACH FL	DELRAY BEACH FL
Zip 33446 / Country USA	Zip 33446 / Country USA

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1630774 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRUL, MICHAEL H 200 E BROWARD BLVD FORT LAUDERDALE, FL 33301	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 _____ 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	SCHULTZ, BETTY	NAME	
STREET ADDRESS	203 DINE BLVD	STREET ADDRESS	13072 ISABELLA TER.
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE PST ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	SCHULTZ, JOEL S	NAME	
STREET ADDRESS	203 DIXIE BLVD	STREET ADDRESS	13072 ISABELLA TER.
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/19/04 561 819 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #