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

01092004 Chg-P CR2E034 (10/03)

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

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

KRUL, MICHAEL H
200 E BROWARD BLVD
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

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 [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: [signature] 4/19/04 561 8191700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #