


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 469621	
1. Entity Name SUMMIT TECHNICAL ARCHITECTURAL GROUP, INC.	

Principal Place of Business 13072 ISABELLA TER. DELRAY BEACH, FL 33446 US	Mailing Address 13072 ISABELLA TER. DELRAY BEACH, FL 33446 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

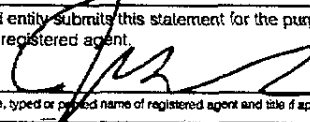
4. FEI Number 59-1630774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

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: **1/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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
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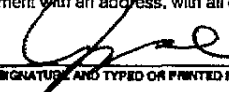
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULTZ, BETTY 13072 ISABELLA TER. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHULTZ, JOEL S 13072 ISABELLA TER. DELRAY BEACH, FL 33446
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01/21/05-80016-006 150.00

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:  DATE: **1/10/05** DAYTIME PHONE #: **954 562 6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR