


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3. Apr 06, 2007 8:00 am
Secretary of State

03-05-2007 90064 047 ***150.00

DOCUMENT # 573670			
1. Entity Name PEG STERLING REALTY INC.			
Principal Place of Business 20001 GULF BLVD. INDIAN SHORES, FL 33785-2417 US		Mailing Address 20001 GULF BLVD. INDIAN SHORES, FL 33785-2417 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02222007		Chg-P CR2E034 (12/06)	
4. FEI Number 59-1913740		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 CHARLES FRASER 20040 GULF BLVD. 602 INDIAN SHORES, FL 33785		7. Name and Address of New Registered Agent Name <u>STIRLING, MARGRET</u> Street Address (P.O. Box Number is Not Acceptable) <u>10629 ANDREW LN</u> City <u>LARGO</u> FL Zip Code <u>33777</u>	
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 <u>Margaret Stirling</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		DATE <u>3/1/07</u>	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRASER, CHARLES 20040 GULF BLVD APT 602 INDIAN SHORES, FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STIRLING, MARGARET 10629 ANDREW LN LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Margaret Stirling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/2/07</u> <small>Date Daytime Phone #</small>	