

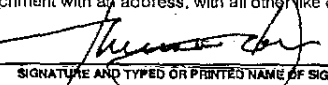


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

| | | | |
|---|---|--|-------------------------------|
| DOCUMENT # 649857 1. Entity Name STERNER CORPORATION | |  | |
| Principal Place of Business 9 S. WILD OLIVE AVE. DAYTONA BEACH FL, 32118 US | | Mailing Address 9 S. WILD OLIVE AVE. DAYTONA BCH., FL 32118 US | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04052005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-1968594 | 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 DOAN, THERESA S - 1010 BIG TREE ROAD SOUTH DAYTONA, FL 32119 | | DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE UD0000304033 04/14/05-80026-018 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOAN, THERESA M 9 S. WILD OLIVE DAYTONA BEACH, FL | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DOAN, M THERESA STRAHAN 1020-1050 BIG TREE RD SOUTH DAYTONA, FL | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | | 4/11/05 386-248-1611 Date Daytime Phone # | |