2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# F04000004299

Entity Name: STAFFORD CAPITAL, INC. SOUTH

Current Principal Place of Business:

207 HALLOCK RD., SUITE 205
STONY BROOK, NJ 11790

New Principal Place of Business:

207 HALLOCK RD.
SUITE 205
STONY BROOK, NY 11790

Current Mailing Address:

207 HALLOCK RD., SUITE 205
STONY BROOK, NJ 11790

New Mailing Address:

207 HALLOCK RD.
SUITE 205
STONY BROOK, NY 11790

FEI Number: 54-2065790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FITZGERALD, SUSAN M
Address: 207 HALLOCK RD., SUITE 205
City-St-Zip: STONY BROOK, NJ 11790

Title: VP ( ) Delete
Name: MCGUINNESS, JOSEPH
Address: 207 HALLOCK RD., SUITE 205
City-St-Zip: STONY BROOK, NJ 11790

Title: S ( ) Delete
Name: CASTRO, ANNE
Address: 207 HALLOCK RD., SUITE 205
City-St-Zip: STONY BROOK, NJ 11790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FITZGERALD, SUSAN M
Address: 207 HALLOCK RD., SUITE 205
City-St-Zip: STONY BROOK, NY 11790

Title: VP (X) Change ( ) Addition
Name: MCGUINNESS, JOSEPH
Address: 207 HALLOCK RD., SUITE 205
City-St-Zip: STONY BROOK, NY 11790

Title: S (X) Change ( ) Addition
Name: CASTRO, ANNE
Address: 207 HALLOCK RD., SUITE 205
City-St-Zip: STONY BROOK, NY 11790

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. FITZGERALD P 04/19/2005

Electronic Signature of Signing Officer or Director Date