

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001838

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: STUART STAITE INCORPORATED

## Current Principal Place of Business:

EDIFICIO PH PLAZA 2000 CALLE 50  
APARIADO 0816-01098  
PANAMA REPUBLIC OF PANAMA, XX

## New Principal Place of Business:

C/O SWOPE LAMBERSON  
987 N. COLLIER BLVD  
MARCO ISLAND, FL 34145

## Current Mailing Address:

EDIFICIO PH PLAZA 2000 CALLE 50  
APARIADO 0816-01098  
PANAMA REPUBLIC OF PANAMA, XX

## New Mailing Address:

C/O SWOPE LAMBERSON  
987 N. COLLIER BLVD  
MARCO ISLAND, FL 34145

FEI Number: 98-0518628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMBERSON, JANE C  
SWOPE LAMBERSON & CHARBONNEAU, PA  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 341080124 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: PC ( ) Delete  
Name: RODRIGUEZ, LUIS A  
Address: PH PLAZA 2000-50TH ST  
City-St-Zip: PANAMA REPUBLIC OF PANAMA, XX

Title: SD ( ) Delete  
Name: CORDOBA, OMAIRA  
Address: PH PLAZA 2000-50TH ST  
City-St-Zip: PANAMA REPUBLIC OF PANAMA, XX

Title: TD ( ) Delete  
Name: CARMICHAEL WILSON, CLAIRE E  
Address: PH PLAZA 2000-50TH ST  
City-St-Zip: PANAMA REPUBLIC OF PANAMA, XX

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SWOPE LAMBERSON

CPA

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date