

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001838

FILED
Apr 24, 2009
Secretary of State

Entity Name: STUART STAITE INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date