

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002258

Entity Name: STILA INTERNATIONAL, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

5200 TOWN CENTER CIRCEL SUITE 470  
BOCA RATON, FL 33486

## New Principal Place of Business:

5200 TOWN CENTER CIRCEL SUITE 600  
BOCA RATON, FL 33486

## Current Mailing Address:

5200 TOWN CENTER CIRCEL SUITE 470  
BOCA RATON, FL 33486

## New Mailing Address:

5200 TOWN CENTER CIRCEL SUITE 600  
BOCA RATON, FL 33486

FEI Number: 20-4607172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: KILLION, JOEL  
Address: 5200 TOWN CENTER CIRCEL SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: VPT ( ) Delete  
Name: MCCONVERY, MICHAEL J  
Address: 5200 TOWN CENTER CIRCEL SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MUELLER, DON  
Address: 5200 TOWN CENTER CIRCEL SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change ( ) Addition  
Name: TERRY, CLARENCE  
Address: 5200 TOWN CENTER CIRCEL SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: DCP ( ) Change (X) Addition  
Name: UDE, KEN  
Address: 111 WEST WILSON AVE  
City-St-Zip: GLENDALE, CA 91203

Title: COO ( ) Change (X) Addition  
Name: MCKNIGHT, CHUCK  
Address: 111 WEST WILSON AVE  
City-St-Zip: GLENDALE, CA 91203

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: JENNIFER SPANGLER

POA

05/01/2008

Electronic Signature of Signing Officer or Director

Date