2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 08, 2005 08:00 AM Secretary of State

ANNOAL ILL OIL			. 8 1 6 01 1			
DOCUMENT # F990000035 1. Entity Name STELLAR MATERIALS INCORPORATE			Sec	retary of Sta	ate	
7777 GLADES RD	Mailing Address 7777 GLADES RD 200 BOCA RATON, FL 33434 US	9th		 17 Julya Aniji Bajiji Basil dala	Bann Bann Bana banas (ngl bina) kaluba ki n	
DO NOT WRITE II	N THIS SPAC	Œ	07222005 4. FEI Numb 38-293	No Chg-P	CR2E034 (10/03) Applied 6 Not Appl S8.75 Additional Fee Required	For licable
6. Name and Address of Current Regis	stered Agent		· -	· · -		
MINTZ, NEIL 7777 GLADES RD 200 BOCA RATON, FL 33434		15 -		NOT W THIS SP		
8. The above named entity submits this statement for the	purpose of changing its registere	d office of realister	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and ac	ccept
the obligations of registered agent.					,	
SIGNATURE						_
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signatu		Agent signature required	when reinstaling)	1	DATE	
FILE NOWI!! FEE IS \$150.00 9. Election Campaigh Finan Due by September 7, 2005 Trust Fund Contribution.			.00 May Be ed to Fees	In accordance w corporation did	rith s. 607.193(2)(b), F.S., inot receive the prior notice.	the
10. OFFICERS AND DIRE	CTORS			F		
NAME MINTZ, BERNARD	, ,		<u></u>	-		
STREET ADDRESS 7921 PALENCIA WAY	ı					
CITY-ST-ZIP DELRAY BEACH, FL 33446	·			<u>Hondon:</u>	975786 80001-011 150.0	
TITLE SD		-	. —	08/08/05-	80 0 01-011 150.0	0
NAME MINTZ, DAVID STREET ADDRESS 19633 ESTUARY DR.						
CITY-ST-ZIP BOCA RATON, FL 33498						
TITLE TD			•			
NAME MINTZ, NEIL STREET ADDRESS 19557 SATURNIA LAKES DR						
CITY-ST-ZIP BOCA RATON, FL 33498			DO	NOT W	RITE	
TITLE	** * * ± * * * * * * * * * * * * * * *		IN '	THIS SP	ACE	
NAME STREET ADDRESS			***			
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
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12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under path; 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:

CITY-ST-ZIP

SIGNATURE AND TYPEDON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-05

Date

561-330-9300

Daytime Phone #