¹ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009975

1. Entity Name
STELLAR NEWS & GIFTS, LLC



FILED Jul 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Maifing Address

5402 BEAUMONT CENTER BLVD.

5402 BEAUMONT CENTER BLVD.

SUITE # 108 TAMPA, FL 33634 SUITE # 108 TAMP, FL 33634



DO NOT WRITE IN THIS SPACE

07062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For NOT APPLICABLE Not Applied For Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

STACKHOUSE, SUSAN H 5402 BEAUMONT CENTER BLVD. SUITE # 108 TAMPA, FL 33634 DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of changings of registered agent. | ging its registered office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---------------------------------------|---|--|---|
| SIGNATURE | Signature, typed or printed name o' registered agent and title it applicable. | (NOTE: Registered Agent signalure required when reinstating) | DATE |
| Fill | ling Fee is \$50.00 by September 14, 2007 | | p1 |
| 9. | MANAGING MEMBERS/MANAGERS | · · · · · · · · · · · · · · · · · · · | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGR STACKHOUSE, SUSAN H 5402 BEAUMONT CENTER BLVD. # 108 TAMPA, FL 33634 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | U00000770309 07/24/07-80010-022/55:00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D O | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | THIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | 1.335 | | |

11. Thereby certify that the information, supplied with this filing does, not qualify for the exemptions contained in Chapter 1.19. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP :--

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #