2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 12, 2004 8:00 am Secretary of State DOCUMENT # L58757 1. Entity Name 02-12-2004 90022 042 ***150.00 STELLAR PROPERTIES, INC. Principal Place of Business Mailing Address 936 OLD DIXIE HWY 936 OLD DIXIE HWY P.O. BOX 1806 VERO BEACH FL 32961 P.O. BOX 1806 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0182954 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIEBELT, JAMIE E. Street Address (P.O. Box Number is Not Acceptable) 996 OLD DIXIE HIGHWAY VERO BEACHEL 32960 City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE □ Delete TITLE WIEBELT, JAMIE E. NAME NAME 936 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS VERO BEACHTL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE WIEBELT, RICHARD D. NAME NAME STREET ADDRESS 986 OLD DIXIENWY STREET ADDRESS VERO REACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, For changed, or on an attachment with an address, with all other like empowered. 119.07(3)(i), Florida Statutes. I further certify that the information

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legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or Block 11 if