

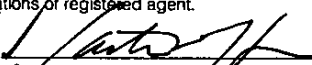
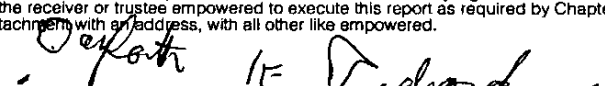


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 049 ***158.75

DOCUMENT # M43313 1. Entity Name STUART PARTNERS, INC.					
Principal Place of Business 10165 NW 19 STREET MIAMI, FL 33172 US			Mailing Address 10165 NW 19 STREET MIAMI, FL 33172 US		
2. Principal Place of Business 1626 - 90th Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 370 Suite, Apt. #, etc.			
City & State Vero Beach, Florida Zip Country 32966 U.S.A.		City & State Vero Beach, Florida Zip Country 32961 USA		4. FEI Number 59-2769301	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02082006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent EASTON, EDWARD W 10165 NW 19 STREET MIAMI, FL 33172			7. Name and Address of New Registered Agent Name CHopkins, Carter W. Street Address (P.O. Box Number is Not Acceptable) 1626 - 90th Avenue City Vero Beach FL Zip Code 32966		
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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Carter W. Hopkins, President			DATE March 2nd, 2006		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EASTON, ED 10165 NW 19 STREET MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, CARTER W. 1626 - 90th Avenue Vero Beach, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Easton, ED 10165 NW 19 Street Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Danforth K. Richardson 1035 St. James CI Vero Beach, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Sec NEWMAN, PAUL A. 1626 - 90th Avenue Vero Beach, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst.T/Ass.Sec PEREZ, TOMAS RENE 2019 Cortez Avenue Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Danforth K. Richardson, Director			DATE March 2, 2006		

Ext/ 8233