

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006869

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** STEM INTERNATIONAL, INC.

**Current Principal Place of Business:**

5653 MYAKKA AVE.  
INTERCESSION CITY, FL 33848

**New Principal Place of Business:**

**Current Mailing Address:**

3170 AIRMANS DRIVE  
UNIT 2012 - GCC  
FORT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 59-3747750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORISSET, MICHEL  
3170 AIRMANS DRIVE  
UNIT 2012, GCC  
FORT PIERCE, FL 34946 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORISSET, MICHEL  
Address: 3170 AIRMANS DRIVE, UNIT 2012-GCC  
City-St-Zip: FORT PIERCE, FL 34946

Title: S ( ) Delete  
Name: CHAPPUIS, CLAIRE M  
Address: 3170 AIRMANS DRIVE, UNIT 2012-GCC  
City-St-Zip: FORT PIERCE, FL 34946

Title: T ( ) Delete  
Name: MORISSET, MICHELSON  
Address: 5653 MYAKKA AVE.  
City-St-Zip: INTERCESSION CITY, FL 33848

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL MORISSET

PD

03/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date