


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90021 044 \*\*\*\*61.25

<b>DOCUMENT # N50813</b> 1. Entity Name <b>FLORIDA STERLING COUNCIL, INC.</b>					
Principal Place of Business <b>PO BOX 13907 TALLAHASSEE, FL 32308 US</b>			Mailing Address <b>PO BOX 13907 TALLAHASSEE, FL 32308 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3140977</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KIELBASA, JEFF 501 SOUTH CALHOUN STREET ROOM 104 TALLAHASSEE, FL 32399</b>				7. Name and Address of New Registered Agent Name <b>KAREN MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2011 DELTA BLVD</b> City <b>Tallahassee</b> FL Zip Code <b>32303</b>	
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 <i>Karen B Moore</i> <b>Karen B. Moore</b> <b>4/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIENO, JOHN A 3521 COLONADE DR. TALLAHASSEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, WILLIAM 626 ANCHORS ST NW FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDBETTER, RANDY R 8037 WHITTING DR MANASSAS, VA 20112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANKLIN, JOHN 143 MIRA LAVELLA PORT SAINT LUCIE, FL 34984	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 617, 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: <i>John A. Pieno</i> <b>JOHN A. PIENO</b> <b>4/25/2007</b> <b>850-922-5316</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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