

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005238

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: THE STIRLING ROOM, INC.

## Current Principal Place of Business:

7331 DAVIE ROAD EXT.  
DAVIE, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

7331 DAVIE ROAD EXT.  
DAVIE, FL 33024

## New Mailing Address:

FEI Number: 65-0451927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARMANO, RALPH L  
5209 SW 91ST AVE  
COOPER, FL 33328 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: DP ( ) Delete  
Name: VINNING, J. RUSSELL  
Address: 1240 N. 74TH TERR.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVS ( ) Delete  
Name: SEROTTA, CHERIE  
Address: 4357 SW 53RD AVE.  
City-St-Zip: DAVIE, FL 33314

Title: DV ( ) Delete  
Name: ARMANO, RALPH  
Address: 5209 SW 91ST AVE.  
City-St-Zip: COOPER CITY, FL 33328

Title: DT ( ) Delete  
Name: CARBERRY, ROBERT C  
Address: 521 NW 93RD TER  
City-St-Zip: PEMBROKE PINES, FL 33024

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: RALPH L. ARMANO

CFO

03/19/2009

Electronic Signature of Signing Officer or Director

Date