2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

1. Entit	y Name	MENT # N96000004		N, INC.						713 *****61	1.25
STERLING MANAGEMENT INC STE 1701-B RICKENBACKER DRIVE 170			ing Address Erling Management inc DT-B Rickenbacker Drive V City Center, FL 33573								
2. Princ	cipal Pla	ace of Business - No P.O. Box #	3. Mai	ling Address]	1			
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.			02022007	Chg-NP	CR2E	037 (12/06)		
City	& State		Ci	ty & State			4. FEI Numb 59-343				pplied For ot Applicable
Zip		Country	Zij	P	Country		5. Certificate	of Status Desi	ired 🗌	\$8.75 Ade	
		6. Name and Address of Current	Register	ed Agent			7. Name and	Address of N	lew Registered	l Agent	
DEFL	URIO.	JAMES R			Name						
DE FURIO, JAMES R 2101 E KENNEDY BLVD STE 1460 TAMPA, FL 33602					Street	Street Address (P.O. Box Number is Not Acceptable)					
 					City				F	L Zip Coo	1e
the c		named entity submits this statement for ons of registered agent.	or the purp	ose of changing its i	registered office	or register	ed agent, or bo	th, in the State	of Florida. I ar	n familiar with,	, and accept
SIGNA		Signature, typed or printed name of registered agen	and title if ap	olicable. (NOTE	: Registered Agent sign	ature required	when reinstating)	·	DATE		
SIGNA		Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007	t and title if ap	9. Election Carn Trust Fund C	paign Financing	ature required	\$5.00 May E Added to Fees	Зе		ck payable t	
10.		Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D		9. Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May E		Make che Fiorida Dep	ck payable t	V 10
	DORESS	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Carr Trust Fund C	paign Financing ontribution.	SD ABI	\$5.00 May E Added to Fees ADDITIONS/CH BOTT, R	ANGES TO OF	Make che Ftorida Depo	ck payable t	itate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2007

Daytime Phone #