2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080455

Entity Name: STC CONSULTING, INC.

City-St-Zip: ORLANDO, FL 32819

FILED Feb 26, 2006 Secretary of State

Entity Na	ine: STC COI	NSOLTING, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
5088 E. W ORLANDO	'IND DR. D, FL 32819		SUITE 1029	851 W. STATE ROAD 436 SUITE 1029 ALTAMONTE SPRINGS, FL 32714	
Current IV	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
5088 E. WIND DR. ORLANDO, FL 32819			851 W. STATE ROAD 436 SUITE 1029 ALTAMONTE SPRINGS, FL 32714		
FEI Number	: 59-3671369	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address of	me and Address of New Registered Agent:	
The above	'IND DR. D, FL 32819	US submits this statement for the រុ	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Election Co.		nic Signature of Registered Ago g Trust Fund Contribution ().	ent	Date	
		- ,,			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (SUKSERM, SE 5088 E. WIND ORLANDO, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	,) Delete , CHULEEKORN DR	Title: Name: Address:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERM SUKSERM D 02/26/2006