


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90007 011 ***158.75

DOCUMENT # P00000087086	
1. Entity Name STAIRS INVESTMENTS, INC.	

Principal Place of Business 1301 E. SEMINOLE BOULEVARD SANFORD, FL 32771	Mailing Address 1301 E. SEMINOLE BOULEVARD SANFORD, FL 32771
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2. Principal Place of Business - No P.O. Box # 926 Laura Street	3. Mailing Address 926 Laura Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Casselberry, Fla.	City & State Casselberry, Fl.
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Zip 32707	Country U.S.A.	Zip 32707	Country U.S.A.
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02022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3673112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STAIRS, KARL O 1301 E. SEMINOLE BOULEVARD SANFORD, FL 32771	
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7. Name and Address of New Registered Agent Name Stairs, Karl O. Street Address (P.O. Box Number is Not Acceptable) 926 Laura Street City Casselberry FL Zip Code 32707	
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAIRS, KARL O 1301 E. SEMINOLE BOULEVARD SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stairs, Karl O 4946 NW 35th St. Ocala, Fla. 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAIRS, HELEN L 1301 E. SEMINOLE BOULEVARD SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Stairs, Helen L 4946 NW 35th St. Ocala, Fla. 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Stairs, Karl O. Stairs II 208 S. Sanford Ave. Sanford, Fla. 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stairs, Cynthia H. 2930 Griffin Ave. Lady Lake, Fla. 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lord, Carla Lee 5475 NW 75th Ave. Ocala, Fla. 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stairs, Michael Glen 800 Stairway Lake Helen, Fla. 32744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Karl O Stairs* PRES. 2-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #