## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 29, 2007 08:00 AM Secretary of State

DOCUMENT # P0000090832  1. Entity Name STUART OPERATING CORP.					Secretary of State			
Principal Place of Business 1500 PALM BEACH RD STUART, FL 34994		Mailing Address 1500 PALM BEACH RD STUART, FL 34994						
2. Principal P	race of Business' - No P.O. Box #	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<u> </u>	01112007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbi		<del></del>	oplied For
Zıp	Country	Zip				of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Curren	7. Name and Address of New Registered Agent Name						
FICOCELLO, JOSEPH 7300 OLEANDER AVE				Street Address (P.O. Box Number is Not Acceptable)				
PORTST	LUCIE, FL 32952					· · · · · · · · · · · · · · · · · · ·		
				City			FL Zip Coo	ie .
	named entity submits this statement fitting of registered agent.  Signature, typed or printed name of registered agent.			ed office or registo	·	th, in the State of Flo	orida. I am familiar with	, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con	aign Fina tribution	noing \$5	5.00 May Be ded to Fees			
INTLE NAME STREET ADDRESS	OFFICERS AND CEO HOFFMAN, SCOTT H 22 HOLLAND AVE	Delete	11. TITI NAI	<u> </u>	AUDITIONS	Joon	TCERS AND DIRECTOR Change 100608992 17-80028-022	☐ Addition
CITY-ST-ZIP	ALBANY, NY 12209	·		r-ST-ZIP		00,010	31 DDOED DEF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FICOCELLO, JOSEPH 1500 PALM BEACH RD STUART, FL 34984	□ Delete	•				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S MEDWED, GORDON 1500 PALM BEACH RD STUART, FL 34994	☐ Dolete					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete		į.			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- t			☐ Change	Addition
indicated of the col	certify that the information supplied will on this report or supplemental report poration or the receiver or trustoe omy or on an attachment with an address.	is true and accurate and that powered to execute this repor	my signa 1 as requ	temptions contained ature shall have the lired by Chapter 60	ed in Chapter 119 same legal effec 17, Florida Statute	9, Florida Statutes. I of as if made under ones, and that my nam	further certify that the oath; that I am an office e appears in Block 10 c	information r or director or Block 11 if