2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P01000028266

Entity Name: STERLING RESORT PROPERTIES, INC.

Current Principal Place of Business:

927 CYPRESS COVE WAY
OLDSMAR, FL 34688

New Principal Place of Business:

Current Mailing Address:

927 CYPRESS COVE WAY
OLDSMAR, FL 34688

New Mailing Address:

FEI Number: 65-1090443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAGGER, EDWIN B
980 TYRONE BLVD
ST PETERSBURG, FL 33710 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FASULO, WENDY A
Address: 927 CYPRESS COVE WAY
City-St-Zip: OLDSMAR, FL 34688

Title: VP ( ) Delete
Name: FASULO, ANTHONY P
Address: 927 CYPRESS COVE WAY
City-St-Zip: OLDSMAR, FL 34688

Title: SEC ( ) Delete
Name: YIENGST, ROSEMARY
Address: 1519 RIVERDALE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DIR ( ) Change (X) Addition
Name: FASULO, ALEXA N
Address: 927 CYPRESS COVE WAY
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WENDY A. FASULO PRES 04/21/2005

Electronic Signature of Signing Officer or Director Date