

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90012 050 ***150.00

DOCUMENT # P01000036899

1. Entity Name
STERLING DEVELOPMENT GROUP, INC.



Principal Place of Business
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

Mailing Address
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

40035523



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-1099382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J ESQ
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Brian D. Kosoy**
Street Address (P.O. Box Number is Not Acceptable)
One N. Clematis Street
Suite 305
City **West Palm Beach FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	PRESTON, JOHN W.S.	
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GREEN, ROBERT S	
STREET ADDRESS	2851 JOHN ST., STE. ONE	
CITY-ST-ZIP	MARKHAM, ONTARIO L3R 5R7, CA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KOSOY, DAVID	
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOSOY, BRIAN	
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMILTON, TOM	
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLSTELLO, VINCENT J	
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W.S. Preston	
STREET ADDRESS	One N. Clematis Street Suite 305	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kosoy, David	
STREET ADDRESS	One N. Clematis Street, Suite 305	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Kosoy	
STREET ADDRESS	One N. Clematis Street, Suite 305	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costello, Vincent J.	
STREET ADDRESS	One N. Clematis Street, Suite 305	
CITY-ST-ZIP	West Palm Beach, FL 33401	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

Date

Daytime Phone #

561-835-1810