

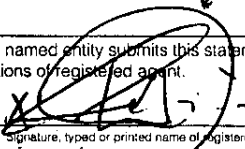
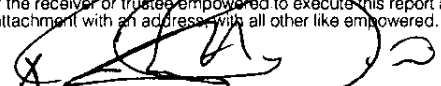


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90122 046 \*\*\*150.00

DOCUMENT # P01000057262					
<b>1. Entity Name</b> STOTERLY, INC.					
<b>Principal Place of Business</b> 10170 TREADWAY SCHOOL ROAD LEESBURG, FL 34788			<b>Mailing Address</b> PO BOX 730 ALTOONA, FL 32702		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 10170 TREADWAY SCHOOL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008    Chg-P    CR2E034 (12/06)	
City & State		City & State LEESBURG    FL		<b>4. FEI Number</b> 59-3725569	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		34788    USA	
<b>6. Name and Address of Current Registered Agent</b>  DODSWORTH, STEVEN A 10170 TREADWAY SCHOOL ROAD LEESBURG, FL 34788			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: 					
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODSWORTH, STEVEN A		NAME		
STREET ADDRESS	10170 TREADWAY SCHOOL ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODSWORTH, DEBORAH A		NAME		
STREET ADDRESS	10170 TREADWAY SCHOOL ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: April 21, 2008    Daytime Phone #: 352636-9727		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					