2006 FOR PROFIT CORPORATION ANNUAL REPORT

Can Mudcilal

FILED May 02, 2006 8:00 am Secretary of State

ANNOAL REPORT					secretary of State			
DOCUMENT # P01000078015 1. Entity Name STERLINGINTERNATIONAL COMMODITIES INC.					05-02-2006 90424 020 ***150.00			
Principal Place of Business Mailing Address								
4699 N FEDERAL HWY		4699 N FEDERAL HWY						
SUITE 206D	EKAL DWI	SUITE 206D			l	4		
	EACH, FL 33064	POMPANO BEACH, FL 33064						
PUNIFANU D	PUNIPANU BEAUN, FL	NVO DEAGN, LE 33004			AFOR MOTE ABITE AUTH OUT	I SENT (SEE) INTO ANTO ANTO (CON)	11131 II 1881	
2 Principal P	lace of Business	2 Mailing Address	. Mailing Address					
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03102006	Chg-P	CR2E034 (11/05)		
01. 0.00		City 9 Chata					1 1.	
City & State		City & State			4. FEI Number Applied For 65-1132591 Not Applicable			
		7:- 0:-			65-1132	591		ot Applicable
Zip	Country	Zip	Cour	itry	5. Certificate of	Status Desired	□ \$8.75 Ad	
							Fee Require	ed
6. Name and Address of Current Registered Agent								
		Name						
AMERICAN ACCOUNTING				Street Address (P.O. Box Number is Not Acceptable)				
	DIXIE HWY			Street Address (P.O. Box Number is Not Acceptable)				
N MINAMI D	EACH, FL 33180							
•								
• •				City			FL Zip Cod	e
9 The above	named entity submits this statement for	y the purpose of changing its	rogietor	ad office or register	rad agant or both	in the State of Ele		and against
	ions of registered agent.	a are purpose or changing its	register	ed diffice of register	red agent, or both,	III LIE SIALE OI FIO	mua. Tamtamilai wilis,	and accept
the soliganishes of regional agoin.								
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 \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITL	E			☐ Change	☐ Addition
NAME	MARSHALL, TODD O		NAM	IE				
STREET ADDRESS	\$ 21301 TOWN LAKES DRIVE #1132 ST			EET ADDRESS				i
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STREET ADDRESS City-St-Zip				EET ADDRESS '-ST-ZIP				1
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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.								