


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000009203	
1. Entity Name STERLING CONSULTANTS, INC.	

Principal Place of Business 1440 CORAL RIDGE DR CORAL SPRINGS, FL 33071	Mailing Address 1374 CYPRESS WAY BOCA RATON, FL 33486
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FILED
07 SEP 20 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0549527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRANTZ, MICHAEL J 1374 CYPRESS WAY BOCA RATON, FL 33486
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRANTZ, MICHAEL J 1374 CYPRESS WAY BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRANTZ, ROBERT P 1374 CYPRESS WAY BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRANTZ, PAMELA S 1374 CYPRESS WAY BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael J. Krantz</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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300109714113
09/20/07--01049--017 **\$50.00

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: <i>Michael J. Krantz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Sept 1, 2007 <small>Date</small>	954-336-2616 <small>Daytime Phone #</small>
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