2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # P02000130408** 04-18-2007 90177 003 ***150 00 1. Entity Name STEDG INVESTMENTS, INC. ٩ Principal Place of Business Mailing Address 1715 SE 10TH STREET P.O.BOX 820242 PEMBROKE PINES, FL 33082-0242 FORT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3666998 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANT, DONOVAN Street Address (P.O. Box Number is Not Acceptable) 1715 SE 10TH STREET FORT LAUDERDALE, FL 33316 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. noitibh . Channe TITLE ☐ Delete TITLE GRANT, DONOVAN GRANT, DONOVAN NAME NAME 1715 SE IOM STERET 672 N.W. 170 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PEMBROKE PINES, FL 33028 CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ■ Addition ☐ Delete TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FILED