


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000042352</b> 1. Entity Name <b>STELLAR DEBT SOLUTIONS, INC.</b>						<b>FILED</b> <b>04 MAR 17 PM 3:52</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810 US</b>				Mailing Address <b>1800 PEMBROOK DRIVE SUITE 290 ORLANDO, FL 32810 US</b>			
2. Principal Place of Business <b>101 Southall Lane</b>				3. Mailing Address <b>101 Southall Lane</b>			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State <b>Maitland FL</b>				City & State <b>Maitland FL</b>			
Zip <b>32751</b>		Country <b>USA</b>		Zip <b>32751</b>		Country <b>USA</b>	
4. FEI Number <b>56-2357762</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ROLAND, THOMAS 1408 LAK SHADOW CIRCLE APT. 1102 ORLANDO, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Rd.</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</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. SIGNATURE <b>Michael Alamo</b> DATE <b>3/16/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>President/Secretary</b> <input type="checkbox"/> Delete NAME <b>Jason Cross</b> STREET ADDRESS <b>95 Hidden Pond Circle</b> CITY-ST-ZIP <b>Smith town NY 11787</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100030932821</b> <b>03/23/04--01072--004 **150.00</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Jason Cross</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3/12/2004</b> <small>Daytime Phone #</small>			