

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # P03000063573</b><br>1. Entity Name<br><b>S.T.I. CORPORATION</b>  |  |   |  |
| Principal Place of Business<br><b>5340 VILLAGEBROOK DRIVE<br/>WESLEY CHAPEL FL 33543</b>   |  | Mailing Address<br><b>5340 VILLAGEBROOK DRIVE<br/>WESLEY CHAPEL FL 33543</b>  |  |
| 2. Principal Place of Business<br><b>5340 Villagebrook Dr</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>5340 Villagebrook Dr</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Wesley Chapel, FL</b><br>Zip Country<br><b>33543 FL</b>   |  | City & State<br><b>Wesley Chapel, FL</b><br>Zip Country<br><b>33543 FL</b>  |  |
| 4. FEI Number<br><b>80-0067657</b>   |  | Applied For<br><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<br><br><b>DINNELL, TAMELA S<br/>5340 VILLAGEBROOK DRIVE<br/>WESLEY CHAPEL FL 33543</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City Zip Code<br><div style="text-align: right;"><b>FL</b></div> |  |
| 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.<br><br>SIGNATURE: <u>Tamela S. Dinnell</u> <u>Tamela S. Dinnell - Pres 3-19-</u><br><small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | O <input type="checkbox"/> Delete<br><b>DINNELL, TAMELA<br/>5340 VILLAGE DR<br/>WESLEY CHAPEL FL 33543</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><div style="text-align: right;"> <b>U00000476613</b><br/> <b>04/06/06-80018-007 150.00</b> </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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: <u>Tamela S. Dinnell</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | Date: <b>3-19-06</b> Daytime Phone #: <b>813-267-0891</b>   |  |

