2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2005 8:00 am Secretary of State **DOCUMENT # P03000146466** 01-18-2005 90049 004 ***150.00 STERLING CAPITAL GROUP USA, INC. Principal Place of Business Mailing Address 40002447 1301 WEST EAU GALLIE BLVD 1301 WEST EAU GALLIE BLVD SUITE 98 SUITE 98 MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01132005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0497932 Not Applicable Zin Country Country \$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 BARNES, ROBERT 7817 SHADOWOOD DRIVE #215 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32904 City Zio Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition BARNES ROBERT NAME NAME 7817 SHADOWOOD DRIVE #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32904 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME BRESHEARS, MICHAEL NAME 421 POHOGE TIGIL STREET ADDRESS 2195 HWY A1A #303 STREET ADDRESS INDIAN HARBOUR BEACH, FL. 32937 CITY-ST-7IP CITY-ST-7IP MELBOURNE, FL 38940 VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CROSS, JOSEPH NAME STREET ADDRESS 1310 S MIRIMAR AVE STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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.

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