2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State **DOCUMENT # P03000150976** 07-05-2007 90059 031 ***550.00 STEALTH CONSTRUCTION, USA, INC. Principal Place of Business Mailing Address 40122200 1919 NE 1ST STREET 1919 NE 1ST STREET DEERFEILD BEACH, FL 33441-4504 DEERFEILD BEACH, FL 33441-4504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1300 E Hillston Blud 1300 E Hilkbors Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 07022007 Chg-P CR2E034 (12/06) (01, 102 City & State City & State 4. FEI Number Applied For Deerfield Beach Deerfield 58-2678022 Not Applicable \$8.75 Additional 3344 \ 5. Certificate of Status Desired USA usà Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLEFEUILLE, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 1919 NE 1ST STREET DEERFIELD BEACH, FL 33441-4504 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, 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 мау Ве FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE TITLE Change VALCRA, MARY VALERA, MARY NAME NAME 1300 E Hillsborn Blud . #101 STREET ADDRESS STREET ADDRESS 1919 NE 1ST STREET Decrfield Beach, FL 33441. DEERFIELD BEACH, FL 334414504 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Belle ferrille, Michael E #101 BELLEFEUILLE, MICHAEL E NAME NAME 1300 E Hilbboro Blud. STREET ADDRESS STREET ADDRESS 1919 NE 1ST STREET Derfield Beach, FL 33441 DEERFIELD BEACH, FL 334414504 Criv-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TIFLE ☐ Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and acquiste 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 is recorded 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:

FILED

Jul 05, 2007 8:00 am