

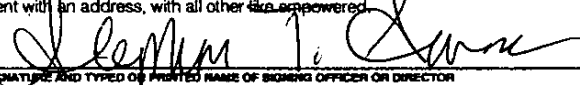


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90028 019 ***150.00

DOCUMENT # P04000042955 1. Entity Name STS ENTERPRISES OF DELRAY BEACH, INC.					
Principal Place of Business 2805 S.W. 22ND AVE. #206 DELRAY BEACH, FL 33445			Mailing Address 2805 S.W. 22ND AVE. #206 DELRAY BEACH, FL 33445		
2. Principal Place of Business 1412 HUMMINGBIRD DR. Suite, Apt. #, etc. DELRAY Bch. FLORIDA		3. Mailing Address 1412 HUMMINGBIRD DR. Suite, Apt. #, etc. DELRAY Bch. FL			
City & State 33444 PBC		City & State 33444 P.B.C		4. Fee Number 320111562	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANNING, P. MICHAEL ESQ. 101 S.E. 6TH AVE. SUITE B DELRAY BEACH, FL 33483					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	NAME	SASSO, STEPHEN T	
STREET ADDRESS	2805 S.W. 22ND AVE. #206		CITY - ST - ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
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TITLE		<input type="checkbox"/> Delete	NAME		
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TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY - ST - ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS			CITY - ST - 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 file empowered.					
SIGNATURE:  2-22-05 561-278-2752 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					