2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 31, 2006 08:00 AN Secretary of State DOCUMENT # P04000046226 1. Entity Name STEWART GROUP, INC. Mailing Address Principal Place of Business 10960 SW 1 CT 10960 SW 1 CT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 20-0890618 Not Applicab Zip 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 STEWART, MARGI Street Address (P.O. Box Number is Not Acceptable) 10960 SW 1 CT CORAL SPRINGS FL 33071 City 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. Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Change TITLE Add": NAME STEWART, BRIAN EDWARD U00000408282 02/08/06-90053-008 150.00 STREET ADDRESS 10960 SW 1 CT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Add" NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-219 THIE Delete TITLE ☐ Change □ Δ.P. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗀 Delete 111118 TITLE Change Ad-NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-78 Delete TITLE ME Change Add Add NAME NAME STREET ADDRESS STREET ADDRESS City-St-78 CITY-SI-ZIP 🗀 Delete TITLE TITLE T Change Ass. NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP 12. I hereby ceruly 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 leport 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.