2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092476

Current Mailing Address:

Entity Name: STECHRISDAN INVESTMENT GROUP, INC.

FILED Aug 02, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

120 LAKE VIEW DRIVE 16416 RUBY LAKE

SUITE 218 WESTON, FL 33331 US

WESTON, FL 33326 US

120 LAKE VIEW DRIVE 16416 RUBY LAKE

SUITE 218 WESTON, FL 33331 US WESTON, FL 33336 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARRERO, JOSE C MARRERO, JOSE C ESQ.

1820 NORTH CORPORATE LAKES BLVD 1820 NORTH CORPORATE LAKES BLVD

SUITE 105 SUITE 105

WESTON, FL 33326 US WESTON, FL 33326 US

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.

SIGNATURE: JOSE C. MARRERO 08/02/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: OCAMPO, GLORIA Name: OCAMPO, GLORIA
Address: 120 LAKE VIEW DRIVE SUITE 218 Address: 16416 RUBY LAKE

City-St-Zip: WESTON, FL 33326 US City-St-Zip: WESTON, FL 33331 US

Title: VP () Delete Title: VP (X) Change () Addition Name: BURGOS, ADRIANA Name: BURGOS, ADRIANA

Address: 120 LAKE VIEW DRIVE SUITE 218 Address: 16416 RUBY LAKE
City-St-Zip: WESTON, FL 33326 US City-St-Zip: WESTON, FL 33331 US

Title: S (X) Delete Title: () Change () Addition

 Name:
 OCAMPO, GLORIA
 Name:

 Address:
 120 LAKEVIEW DRIVE SUITE 218
 Address:

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA BURGOS VP 08/02/2005