2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2006
Secretary of State

DOCUMENT# P05000061330

Entity Name: STM ENTERPRISES OF DELAND, INC.

Current Principal Place of Business:

500 THREE ISLANDS BLVD.
#321A
HALLANDALE, FL 33009

New Principal Place of Business:

830 NORTH 10TH AVENUE
HOLLYWOOD, FL 33019

Current Mailing Address:

500 THREE ISLANDS BLVD.
#321A
HALLANDALE, FL 33009

New Mailing Address:

830 NORTH 10TH AVENUE
HOLLYWOOD, FL 33019

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

Name and Address of Current Registered Agent:

SAMS, MURRAY JR
500 THREE ISLANDS BLVD.
#321A
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

SAMS, MURRAY JR
830 NORTH 10TH AVENUE
HOLLYWOOD, FL 33019 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: MURRAY SAMS JR. 10/10/2006
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:

Title: P ( ) Delete
Name: SAMS, PIETRINA M
Address: 500 THREE ISLANDS BLVD. #321A
City-St-Zip: HALLANDALE, FL 33009

Title: VP ( ) Delete
Name: SAMS, MURRAY JR
Address: 500 THREE ISLANDS BLVD. #321A
City-St-Zip: HALLANDALE, FL 33009

Title: ST ( ) Delete
Name: SAMS, PIETRINA M
Address: 500 THREE ISLANDS BLVD. #321A
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAMS, PIETRINA M
Address: 830 NORTH 10TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP (X) Change ( ) Addition
Name: SAMS, MURRAY JR
Address: 830 NORTH 10TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33019

Title: ST (X) Change ( ) Addition
Name: SAMS, PIETRINA M
Address: 830 NORTH 10TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PIETRINA M SAMS P 10/10/2006
Electronic Signature of Signing Officer or Director Date