


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90001 046 ***150.00

DOCUMENT # P06000014768 1. Entity Name STANLEY INDUSTRIES, INC.			
Principal Place of Business 11640 NW 31 STREET SUNRISE, FL 33323 US		Mailing Address 11640 NW 31 STREET SUNRISE, FL 33323 US	
2. Principal Place of Business - No P.O. Box # 1844 N. NOR HILL ROAD Suite, Apt. #, etc. SUITE #193		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State PLANTATION, FL Zip 33322		City & State Country USA	
4. FEI Number 20-4205316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVEN, STEVEN A 11640 NW 31 STREET SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name STEVEN A. STANLEY Street Address (P.O. Box Number is Not Acceptable) 1844 N. NOR HILL ROAD SUITE #193 City PLANTATION	
FL		Zip Code 33322	
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 <u><i>Steven A. Stanley Pres.</i></u> DATE <u>9/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STANLEY, STEVEN A STREET ADDRESS 11640 NW 31 STREET CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 1844 N. NOR HILL ROAD #193 NAME PLANTATION, FL 33322 STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME STANLEY, STEVEN A STREET ADDRESS 11640 NW 31 STREET CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE MARK STANLEY NAME 1844 N. NOR HILL ROAD #193 STREET ADDRESS PLANTATION, FL 33322 CITY-ST-ZIP	
TITLE SEC NAME STANLEY, STEVEN A STREET ADDRESS 11640 NW 31 STREET CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME STANLEY, STEVEN A STREET ADDRESS 11640 NW 31 STREET CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.			
SIGNATURE: <u><i>Steven A. Stanley Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>9/10/07</u> <u>954-736-8032</u> <small>Date Daytime Phone #</small>	