2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P06000029234 04-30-2008 90151 027 ***150.00 1. Entity Name STERLING NEWTON, INC. Principal Place of Business Mailing Address 3304 SAWGRASS VILLAGE DR 3304 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 238 Ponte Vedra PARK D. Suite, Apt. #, etc. Suite. Apt. #, etc 04282008 Cha-P CR2E034 (12/06) 4. FEI Number Applied For 20-4394530 Not Applicable 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 NEWTON, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 238 VONTE VEORA PARK 3304 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082 nte Vedro Bch 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 tife if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE ☐ Delete TITLE NEWTON, WILLIAM S NAME NAME 238 Ponte Vedra PARK D- Suite 103 Ponte Vedra BCH, FL 32082 STREET ADDRESS 3304 SAWGRASS VILLAGE DR STREET ADDRESS CITY-ST-7IP PONTE VEDRA BEACH, FL 32082 CITY-ST-7IP ☐ Delete TIFLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Add tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.