

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2008 08:00 AM  
Secretary of State

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000070795                            |  |
| 1. Entity Name<br>STUART 76 SUBSIDIARY CORPORATION |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>222 US HWY ONE STE 208<br>TEQUESTA FL 33469 | Mailing Address<br>222 US HWY ONE STE 208<br>TEQUESTA FL 33469 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/07)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>20-4943774 | Applied For<br><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<br><br>CHERRY, RICHARD G<br>8409 NORTH MILITARY TRIAL STE 123<br>WEST PALM BEACH FL 33406 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | 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.

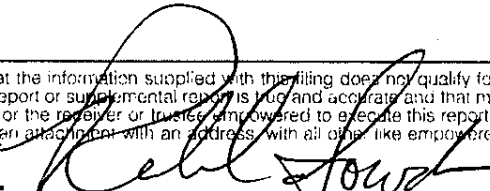
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date. For please. (NOTE: Registered Agent signature required when not a director) DATE \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | SHAW, ROBERT J                    |
| STREET ADDRESS             | 222 US HWY ONE STE 208            |
| CITY- ST- ZIP              | TEQUESTA FL 33469                 |
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | SOWDEN, RICHARD W                 |
| STREET ADDRESS             | 222 US HWY ONE STE 208            |
| CITY- ST- ZIP              | TEQUESTA FL 33469                 |
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | ANDERSON, MICHAEL J               |
| STREET ADDRESS             | 1568 WATERTOWER ROAD              |
| CITY- ST- ZIP              | LAKE PARK FL 33403                |
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | MOORE, JEFFREY J                  |
| STREET ADDRESS             | 1568 WATERTOWER ROAD              |
| CITY- ST- ZIP              | LAKE PARK FL 33403                |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY- ST- ZIP              |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY- ST- ZIP              |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | U00000835964                                                      |
| STREET ADDRESS                                        | 02/29/08-80055-026 150.00                                         |
| CITY- ST- ZIP                                         |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY- ST- ZIP                                         |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY- ST- ZIP                                         |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY- ST- ZIP                                         |                                                                   |

12. I hereby certify 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 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:  2/20/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #