## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 11, 2008 8:00 am Secretary of State

Principal Place of Business 2306 NASH STREET CLEARWATER, FL 33756  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.   Suite, Apt. #, etc.   Q4042008   Chg-P   CR2E034 (12/06)  City & State   Country   Zip   Country   S. Certificate of Status Desired   Regulated Agent   P.O. Box # Regulated Agent   P.O. Box Number is Not Acceptable)  MACIAG, RAFAL 2306 NASH STREET CLEARWATER, FL 33756  B. The above named entity submist this statement for the purpose of changing its registered difference agent   P.O. Box Number is Not Acceptable)  SIGNATURE Behave, holds of period name of implicated agent and staff Agencian   P.O. Box # Regulated Agent   P.	DOCUMENT # P06000119970  1. Entity Name STAL MIELEC INC.										
CLEARWATER, FL 33756  CLEARWATER, FL 33758  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  City  Country  Country  City  Country  City  Country  City	Principal Place of Business Mailing Address										
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   04042008   Chg-P   CR2E034 (12/06)											
City & State	2. Principal Place	3. Mailing Address									
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional   \$8.75 Addit	Suite, Apr. #, etc.		Suite, Apt. #, etc.		04042008	Chg-P	CR2E03	4 (12/06)			
S. Certificate of Status Desired   Science   S	City & State		City & State						_ —		
MACIAG, RAFAL 2306 NASH STREET CLEARWATER, FL 33756  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE  MACIAG, RAFAL  P.O. BOX 4593  CITY-ST-2P  CITY-S	Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired				
MACIAG, RAFAL 2306 NASH STREET CLEARWATER, FL 33756  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hode or preted name of reproduced agent and bill of applicable.  PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  MAKE SIGNATURE  MACIAG, RAFAL NAME SIGNATURE  MACIAG, RAFAL NAME SIGNATURE OBelete  ITILE NAME SIGNATURE OBERET ADDRESS CITY-ST-ZIP  CLEARWATER, FL 33758  CITY-ST-ZIP  Delete  ITILE NAME SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 11  Change Addition NAME NAME SIGNATURE NAME SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 11  Change Addition NAME NAME SIGNATURE OBERET ADDRESS CITY-ST-ZIP  ITILE NAME SIGNATURE OBERET ADDRESS CITY-ST-ZIP  CLEARWATER, FL 33758  CITY-ST-ZIP  Delete ITILE NAME SIGNATURE OBERET ADDRESS CITY-ST-ZIP  TITLE OBERET ADDRESS CITY-ST-ZIP  TO Change Addition  The Obere OBERET ADDRESS CITY-ST-ZIP  TO CHANGE STORMS  TO CITY-ST-ZIP  TO CRETE TO COMPANIE ADDRESS CITY-ST-ZIP  TO CRETE ADDRESS CITY-ST-ZIP  TO CRETE TO CRETE ADDRESS C		6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New R	egistered A	gent		
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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Note on proted name of registered agent and talled applicable (PIOTE Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00 after May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INLE  MACIAG, RAFAL  SIREET ADDRESS CITY-S1-ZIP  CLEARWATER, FL 33758  CITY-S1-ZIP  INLE  MAME  SIREET ADDRESS CITY-S1-ZIP  INLE  CHange Addition SIREET ADDRESS CITY-S1-ZIP  INLE  SIREET ADDRESS CITY-S1-ZIP  INLE  CITY-S1-ZIP  INLE  CHANGE Addition Change Addition SIREET ADDRESS CITY-S1-ZIP  CITY-S1-ZIP  INLE  CHANGE Addition Change Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change Change Addition Change Change Addition						P.O. Box Number	er is Not Acceptable	<u> </u>			
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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hoped or printed name of registered agent and lateral applicable. INDTE Registered Agent signature required when remissing)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME MACIAG, RAFAL P.O. BOX 4593 CLEARWATER, FL 33758  CLEARWATER, FL 33758  CLEARWATER, FL 33758  CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE O Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP O Delete											
the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE					City			FL	Zip Code	9	
Signature, Noted of printed name of registered agent and title if applicable in the print of the	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										
### Page	SIGNATURE										
## After May 1, 2008 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees    10.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
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Date

Daytime Phone #