FILED
May 11, 2007 8:00 am
Secretary of State

04-19-2007 90191 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4

DOCUMENT # P06000120974

1. Entity Name
STIRLING SQUARE, INC.

Principal Place of Business	Mailing Address
1664 THISTLE LANE SUITE A PONCE DE LEON, FL 32455	P.O. BOX 1368 DEFUNIAK SPRINGS, FL 32435

04182007 Chg-P CR2E034 (12/06)

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

4. FEI Number 76-0837941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATHE KOZLOWSKI LLC 1664 THISTLE LANE SUITE B PONCE DE LEON, FL 32455	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] 4/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D KOZLOWSKI, FRANK A 1664 THISTLE LANE, SUITE A PONCE DE LEON, FL 32455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1662 THISTLE LANE, STE A Ponce de Leon, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T KOZLOWSKI, KATHE 1664 THISLE LANE, SUITE A PONCE DE LEON, FL 32435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1662 THISTLE LANE, STE A Ponce de Leon, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Kathe Kozlowski 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IRS Department of the Treasury
Internal Revenue Service

ATTACHMENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0537660299
Dec. 13, 2006 LTR 147C 0
76-0837941 000000 00 000
01815
BODC: SB

L6014427
#P06000120974

STIRLING SQUARE INC
PO BOX 1368
DEFUNIAK SPGS FL 32435-7368685

014688

Employer Identification Number: 76-0837941

Dear Taxpayer:

Thank you for the inquiry of Dec. 05, 2006.

Your Employer Identification Number (EIN) is 76-0837941. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) _____ Hours _____