2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90037 008 ***150.00 **DOCUMENT # P06000133263** STOKY ENTERPRISES, INC. Principal Place of Business Mailing Address 103900B OVERSEAS HIGHWAY 103900B OVERSEAS HIGHWAY KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Numbe 20-574 49/1 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOKY, SCOTT Street Address (P.O. Box Number is Not Acceptable) 103900B OVERSEAS HIGHWAY KEY LARGO, FL 33037 Zip Code City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P.D ☐ Delete TITLE TITLE STOKY, SCOTT NAME NAME 103900B OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MEACHAM-STOKY, AMY NAME NAME 103900B OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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TED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP TITLE

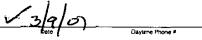
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