

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032859

FILED
Sep 12, 2008
Secretary of State

Entity Name: STEWART MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

2757 NW 13 ST
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

7161 PEMBROKE RD #600
PEMBROKE PINES, FL 33023

New Mailing Address:

2757 NW 13 ST
POMPANO BEACH, FL 33069

FEI Number: 13-4357044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, LAURNA
7161 PEMBROKE RD #600
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: STEWART, ERICKA
Address: 2757 NW 13 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: STEWART, ERICKA
Address: 2757 NW 13 ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD () Delete
Name: CROXTON, LILLIE
Address: 314 NW 13 ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: DST () Delete
Name: STEWART, RHONDA
Address: 1399 NE 28 ST
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CROXTON, LILLIE
Address: 314 NW 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: DST (X) Change () Addition
Name: STEWART, RHONDA
Address: 395 SUNSHINE DRIVE
City-St-Zip: COCONUT CREEK, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICKA L. STEWART

PCEO

09/12/2008

Electronic Signature of Signing Officer or Director

_____ Date