2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049845

Entity Name: SPARKLING STAR MODELS, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9525 BURLINGTON PLACE 3210 ST. CHARLES PLACE BOCA RATON, FL 33434 BOCA RATON, FL 33434 **Current Mailing Address: New Mailing Address:** 9525 BURLINGTON PLACE 3210 ST. CHARLES PLACE BOCA RATON, FL 33434 BOCA RATON, FL 33434 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUPFER, JAMES R LLL LUPFER, JAMES R LLL 9525 BURLINGTON PLACE 3210 ST. CHARLES PLACE BOCA RATON, FL 33434 BOCA RATON, FL 33434 US 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: 03/27/2009 Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D () Delete Title: (X) Change () Addition LUPFER, JAMES R Name: Name: LUPFER, JAMES R 9525 BURLINGTON PLACE 3210 ST. CHARLES PLACE Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434 Title: P/D Title: () Change () Addition () Delete Name: POLLOCK, ALLEN Name: P.O. BOX 243 Address: Address: JEFFERSON CITY, MO 65102 City-St-Zip: City-St-Zip:

() Delete Title: Title: VP/D () Change () Addition

YOW, JOE

Name: Name: 698 NORTH LAKE LANE Address: Address: City-St-Zip: CANTON, GA 30115 City-St-Zip:

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: JAMES R. LUPFER S/D 03/27/2009