2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082477

Entity Name: STEALTH WIRE, INC.

FILED Sep 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

905 SE 9TH TERRACE 905 SE 9TH TERRACE

CAPE CORAL, FL 33990 **UNIT G**

CAPE CORAL, FL 33990

Current Mailing Address: New Mailing Address:

905 SE 9TH TERRACE 905 SE 9TH TERRACE CAPE CORAL, FL 33990 **UNIT G**

CAPE CORAL, FL 33990

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FROST, CHARLES FROST, CHARLES 905 SE 9TH TERRACE 905 SE 9TH TERRACE

CAPE CORAL, FL 33990 US UNIT G CAPE CORAL, FL 33990 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: 09/01/2009

> 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: DCFO

Title:

Title: DOFO (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FROST, CHARLES Name: FROST, CHARLES

Name: 905 SE 9TH TERRACE 905 SE 9TH TERRACE, UNIT G Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33990

Title: DST Title: DST (X) Change () Addition () Delete Name: FROST, WINDY M Name: FROST, CHARLES

7090 MOUNTAIN MOSS 905 SE 9TH TERRACE, UNIT G Address: Address: LAS VEGAS, NV 89147 CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip:

Title: Title: DP () Delete DP (X) Change () Addition

COFFI, JUSTIN COFFI, JUSTIN Name: Name:

16396 PRICO WAY 316 SW 3RD STREET #102 Address: Address: City-St-Zip: PUNTA GORDA, FL 33985 City-St-Zip: CAPE CORAL, FL 33991

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: CHARLES FROST **DCEO** 09/01/2009