


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35560</b> 1. Entity Name <b>STC FRANCHISES COMPANY</b>	
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Principal Place of Business <b>7589 FIRST PL OAKWOOD VILLAGE, OH 44146-6711</b>	Mailing Address <b>7589 FIRST PL OAKWOOD VILLAGE, OH 44146-6711</b>
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**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-1584028</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  
  
**KELER, PAUL E  
14240 60TH ST N  
CLEARWATER, FL 33760**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 registering)


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	7. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>04/08/06-80013-010 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SUTTON, ALAN J. 7589 FIRST PL OAKWOOD VILLAGE, OH 441466711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUTTON, ALAN J. 7589 FIRST PL OAKWOOD VILLAGE, OH 441466711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SUTTON, SUSAN J 7589 FIRST PL OAKWOOD VILLAGE, OH 441466711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **ALAN J SUTTON PRES** **3 17 06** **440-735-1505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #