

2005 FOR PROFIT CORPORATION ANNUAL REPORT


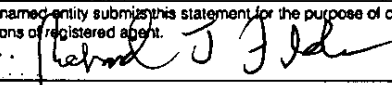

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FILED
Aug 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 020 ***150.00

66025330



DOCUMENT # P94000070984					
1. Entity Name STELLAR COMMUNICATIONS SERVICES, INC.					
Principal Place of Business 247 N WESTMONTE DR SUITE A ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 247 N WESTMONTE DR SUITE A ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3269959	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, SCOTT C 215 N EOLA DR ORLANDO, FL 32801			Name RICHARD J. FILDES		
			Street Address (P.O. Box Number is Not Acceptable)		
			215 N. EOLA DRIVE		
			City ORLANDO FL Zip Code 32801		
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:  DATE: _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FILDES, RICHARD J. 215 N. EOLA DR. ORLANDO, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 4/24/05 Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ROBERT M. PICERNE, PRESIDENT

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

**215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801**

**450 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FLORIDA 32801**

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www.lowndes-law.com

GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

July 26, 2005

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7004 2510 0001 4329 6613

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

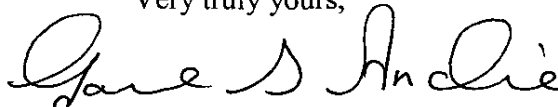
Re: **Stellar Communications Services, Inc.**

Dear Sir or Madam:

I am returning your letter dated May 17, 2005 together with a copy of the 2005 For Profit Corporation Annual Report for the above-referenced corporation. Please note that we have completed Box 8 by including the signature of the new Registered Agent of the corporation as requested. Please attend to the filing of the annual report at this time.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,



Gail S. André
Corporate Paralegal to
Richard J. Fildes

GSA/cj
Enclosures
/352995/990



ATTACHMENT

U6025330

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 17, 2005

STELLAR COMMUNICATIONS SERVICES, INC.
247 N WESTMONTE DR
SUITE A
ALTAMONTE SPRINGS, FL 32714 US

Subject: **STELLAR COMMUNICATIONS SERVICES, INC.**

Reference Number: **P94000070984**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O.
BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF
THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION