
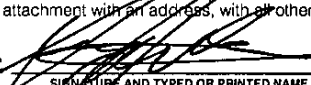


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90054 026 ***150.00

DOCUMENT # P95000028776 1. Entity Name STUTTGART GROUP, INC.					
Principal Place of Business 822 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991			Mailing Address 822 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991		
2. Principal Place of Business 702 SW SANTA BARBARA PL Suite, Apt. #, etc.		3. Mailing Address % A.S.I., INC. Suite, Apt. #, etc. 825 SE 47TH TERRACE			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 65-0656795	
Zip 33991		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, CLAUDIA 825 SE 47TH TERRACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DP GRITZMACHER, H. MAURICE <input type="checkbox"/> Delete 822 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRITZMACHER, H. MAURICE 702 SW SANTA BARBARA PLACE CAPE CORAL FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <input type="checkbox"/> Delete GRITZMACHER, KARIN 822 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRITZMACHER, KARIN 702 SW SANTA BARBARA PLACE CAPE CORAL FL 33991	
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: 			H. MAURICE GRITZMACHER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/4/05 Daytime Phone # 239-945-0091		

40050020



04042005 Chg-P CR2E034 (10/03)