2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # P95000092258** STERLING INVESTMENT COMPANY Principal Place of Business Mailing Address ONE NORTH CLEMATIS STREET ONE NORTH CLEMATIS STREET SUITE 305 SUITE 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 CR2E034 (10/03) 04162004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0628278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent KOSOY, BRIAN D DO NOT WRITE ONE NORTH CLEMATIS STREET, STE 305 WEST PALM BEACH, FL 33401 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE KOSOY, BRIAN D NAME U00000140852 U4/29/04-80179-008 158.75 ONE NORTH CLEMATIS STREET, STE 305 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP VSD NAME MOROSS, GREGORY S ONE NORTH CLEMATIS STREET, STE 305 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE COSTELLO, VINCENT J STREET ADDRESS ONE NORTH CLEMATIS STREET, STE 305 DO NOT WRITE CITY-SY-ZIP WEST PALM BEACH, FL 33401 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED