

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000037364</b> 1. Entity Name STARDOM SALES, INC.		
Principal Place of Business 2448 BAY FIELD CT. HOLIDAY, FL 34691	Mailing Address 2448 BAY FIELD CT. HOLIDAY, FL 34691	
<b>DO NOT WRITE IN THIS SPACE</b>		04272005    No Chg-P    CR2E034 (10/03)
		4. FEI Number 59-3375113
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  PANNELLI, DOMINIC J 2448 BAY FIELD CT. HOLIDAY, FL 34691		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000349343 05/02/05-80061-018 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PANNELLI, DOMINIC J 2448 BAY FIELD CT. HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANNELLI, LYNDIA D 2448 BAY FIELD CT. HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 		DOMINIC J. PANNELLI    4/27/05    727-942-1178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #