2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90143 012 ***150.00

DOCUMENT # P96000046090 STERLING FINANCIAL INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1200 N. FEDERAL HWY., SUITE 400 1200 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03292005 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 65-0688804 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CFO ☐ Delete TITLE TITLE Char suite400 NAME GARCIA, CHARLES NAME 00 N. Federal Highway, 225 NE MIZNER BLVD STE 400 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP boca CITY-ST-ZIP Change TITLE Delete TITLE hubach KORYBUT, ALEXIS NAME NAME STREET ADDRESS 225 NE MIZNER BLVD STE 400 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Addition ☐ Delete TITLE TITLE KUBACH, KIRK NAME NAME 225 NE MIZNER BLVD #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is tide and accurate and that my fit of the corporation or the receiver or trustee impowered to execute this observate rechanged, or on an attachment with applicatess, with all other like emigrates. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information agnature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 561-886-2711) SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR