
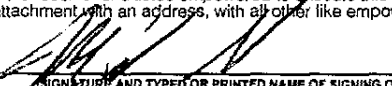


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000060686</b>		
1. Entity Name <b>STIRLING DESIGN MANAGEMENT CORPORATION</b>		
Principal Place of Business <b>1249 STIRLING ROAD DANIA, FL 33004</b>	Mailing Address <b>3181 N. 34TH STREET HOLLYWOOD, FL 33021</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SCHACK, MICHAEL 3181 N. 34TH STREET HOLLYWOOD, FL 33021</b>		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHACK, MICHAEL 3181 N. 34TH STREET HOLLYWOOD, FL 33021	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0685759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000521402  
05/02/06-80120-022 150.00  
U00000530922  
05/06/06-80019-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

4/24/06 954 8122855  
Date Daytime Phone #