
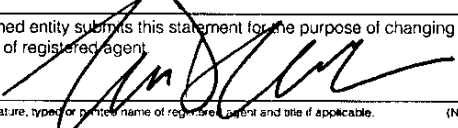
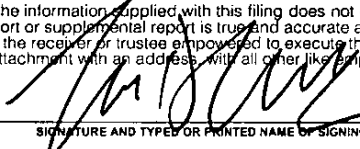


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 042 ***158.75

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # P96000095105 1. Entity Name STUART HOLDINGS, INC. | | | |  | |
| Principal Place of Business 2504 SE WILLOUGHBY BLVD STUART, FL 34994 US | | | Mailing Address P O BOX 3 STUART, FL 34995 US | | |
| 2. Principal Place of Business - No P.O. Box # 2488 SE WILLOUGHBY BLVD Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 3 Suite, Apt. #, etc. | | | |
| City & State STUART, FL Zip 34994 | | City & State STUART, FL Zip 34995 | | 4. FEI Number 65-1042274 | |
| Country US | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHAMBERLIN, JEFFREY D 2504 SE WILLOUGHBY BLVD STUART, FL 34994 | | | 7. Name and Address of New Registered Agent Name CHAMBERLIN, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 2488 SE WILLOUGHBY BLVD. City STUART | | |
| State FL | | | Zip Code 34994 | | |
| 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:  JEFFREY D. CHAMBERLIN PD 2/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | PD CHAMBERLIN, JEFFREY D <input type="checkbox"/> Delete 461 SW PINE TREE LANE PALM CITY, FL 34990 | | 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 | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POSTON, BRYAN A., JR. 5741 BURNING TREE CIRCLE STUART, FL 34997 | |
| 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 | |
| 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 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:  JEFFREY D. CHAMBERLIN 2/1/07 (772) 220-4096 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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02012007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable