


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000103721	
1. Entity Name STERLING WHOLESALE, INC.	

Principal Place of Business 6424 PINE CASTLE BLVD STE A ORLANDO, FL 32809	Mailing Address 6424 PINE CASTLE BLVD STE A ORLANDO, FL 32809
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3416614	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAILES, CHARLES E JR 6212 DARTMOOR CT ORLANDO, FL 32819

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAILES, CHARLES E JR 6212 DARTMOOR CT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLOWAY, JOHN W 6201 MATCHETT RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, JESS D 730 ALBA DRIVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, CHARLES E III 833 SEVILLE PL ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAILANDER, JOHN 1800 MORNINGSIDE DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/06-80069-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/06
Date

407-850-4355
Daytime Phone #