

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90284 026 ***158.75

DOCUMENT # P97000010711

1. Entity Name
STENA TECHNOLOGIES, INC.



Principal Place of Business
**4099 TAMiami TRAIL NORTH
STE 400
NAPLES, FL 34103**

Mailing Address

**3033 RIVIERA DRIVE
STE 201
NAPLES, FL 34103**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
c/o David G. Budd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5551 Ridgewood Dr., #501

City & State

City & State

Naples, FL

Zip

Zip

34108

Country

USA



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0726115	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STARMAN, SHELDON W
4099 TAMiami TRAIL NORTH
STE 400
NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	DPT STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH NAPLES, FL 34103	<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	VS BUDD, DAVID G 3033 RIVIERA DR, STE 201 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Dr., #501 Naples, FL 34108
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: David G. Budd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 (239) 514-1000

Date

Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT