

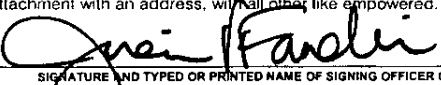


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90046 003 \*\*\*150.00

<b>DOCUMENT # P97000027476</b> 1. Entity Name <b>STEFFIMAD, INC.</b>					
Principal Place of Business <b>11300 FOURTH STREET, NORTH STE. 200 ST. PETERSBURG, FL 33716 US</b>			Mailing Address <b>11300 FOURTH STREET, NORTH STE. 200 ST. PETERSBURG, FL 33716 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40050413</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>03132008    Chg-P    CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>4. FEI Number <b>59-3433845</b></span> <span>Applied For <input type="checkbox"/> Not Applicable</span> </div> <div style="font-size: 0.8em;">         5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required       </div>	
6. Name and Address of Current Registered Agent  <b>SEMBLER INVESTMENTS, INC. 11300 FOURTH STREET, NORTH STE. 200 ST. PETERSBURG, FL 33716</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating)      DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST SEMBLER, M. STEVEN 11300 FOURTH STREET, NORTH, SUITE 200 ST. PETERSBURG, FL 33716</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS Fanelli, Julie V. 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716</b> <input type="checkbox"/> Change <input checked="" 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	
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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: 			Julie V. Fanelli    3/14/08 (727) 577-5522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		