2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90231 012 ***150.00

00001003

01042006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000047011

1. Entity Name
CLAUDE STEPPE & COMPANY, INC.

Principal Place of Business	Mailing Address
525 STRAWBRIDGE AVENUE SUITE 6 MELBOURNE, FL 32901	525 STRAWBRIDGE AVENUE SUITE 6 MELBOURNE, FL 32901

2. Principal Place of Business	3. Mailing Address
1777 S. Patrick Dr.	1999 River Shore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indian Harbour Bch, FL	City & State: Indialantic, FL
Zip: 32937 Country: Brevard	Zip: 32903 Country: Brevard.

4. FEI Number 59-3447682 ☐ 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
DYER, DAVID W 525 STRAWBRIDGE AVENUE SUITE 6 MELBOURNE, FL 32901	Name: Dyer, David W. Street Address (P.O. Box Number is Not Acceptable): 325 Fifth Ave Suite 205 City: Indialantic FL Zip Code 32903

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, 2006 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	PVST STEPPE, ADAIR C 525 STRAWBRIDGE AVENUE, SUITE 6 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Steppe, Adair C. 1999 River Shore Dr. Indialantic, FL 32903 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPPE, ADAIR C 525 STRAWBRIDGE AVENUE, SUITE 6 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steppe, Adair C. 1999 River Shore Dr. Indialantic, FL 32903 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Adair C. Steppe Adair C. Steppe 1/13/06 321-723-1059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #