2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # P98000018187 1. Entity Name 03-15-2006 90116 015 ***150.00 STERLING ENTERPRISES GROUP, INC. Principal Place of Business Mailing Address 286 107 AVENUE 138 107TH AVE. TREASURE ISLAND FL 33706 STE. 335 SAINT PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address 6827 First Avenue South Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3434665 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Clarate KIEFNER, JOHN R JR Street Address (P.O. Box Number is Not Acceptable) 146 2ND ST. N SUITE 300 SAINT PETERSBURG FL 33701 City 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 couled name of registered agent and little if applicable (NOTE: Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDST TITLE TITLE Delete Change Addition 138 107th Ave Ste 375 NAME TOWNE, ALVIN III NAME STREET ADDRESS STREET ADDRESS 286 107 AVE Treasure Island, FC 33706 138 107th Ave Ste 335 Treasure Island FC 33706 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 VΡ Change TITLE ☐ Defete TITLE Addition NAME DAVID, GREGG HAME STREET ADDRESS STREET ADDRESS 286 107 AVE CITY-ST-ZIP TREASURE ISLAND FL 33706 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED