2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2005 8:00 am Secretary of State DOCUMENT # P99000052093 1. Entity Name S.T. MASTERS, INC. Principal Place of Business Mailing Address 2322 LAKE AVE UNIT A 2322 LAKE AVE UNIT A ~4CFCKOO~ LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 2840 46th Pt AUEN Sulte, Apt. #, etc. Suite, Apt. #. etc. 04182005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 59-3540554 Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALAMINA, LUIS 2322 LAKE AVE UNIT A Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33771 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME ALAMINA, LUIS NAME STREET ADDRESS 2322 LAKE AVE UNIT A STREET ADDRESS -CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition ALAMINA, MARCO NAME NAME STREET ADDRESS 2322 LAKE AVE UNIT A STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change . ☐ Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BIGNING OFFICER OR DIRECTOR

FILED