2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

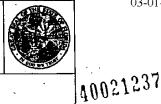
FILED Mar 01, 2006 8:00 am Secretary of State

03-01-2006 90002 038 ***150.00

| ~~~: | # S17099 |
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1. Entity Name

STIRLING LAKE ASSOCIATES, INC.



Principal Place of Business

3109 STIRLING RD

SUITE 200

FT LAUDERDALE, FL 33312 US

Mailing Address

3109 STIRLING RD

SUITE 200

FT LAUDERDALE, FL 33312 US



01232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0235188 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A

SIGNATURE:

4760 SHERIDAN GT. 3107 STIRLING ROAD SHITE B-HOLLYWOOD, FL-83021 SLITE 107

DO NOT WRITE IN THIS SPACE

| DC | NOT | WRITE |
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| IN | THIS | SPACE |

| :^ | LI. CTYON EKDYCK | PC 33312 | | | | | |
|--|--|--|-------------------------|--------------------------------|------------|--|--|
| 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 li | applicable. (NOTE: Reg | Attered Agent signature | required when reinstating) | DATE | | |
| | E NOW!!! FEE 1S \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign F Trust Fund Contribut | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST. HOLLANDER, WALTER J 3109 STRILING RD #200 FT. LAUDERDALE, FL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HOLLANDER, DAVID 3109 STIRLING RD. #200 FT. LAUDERDALE, FL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | : | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | IN | THIS SPACE | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7 | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 reperior 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. | | | | | | | |

MOME OF BISNING OFFICER OR DIRECTOR