

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23191

Entity Name: STELLARNET, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

14390 CARLSON CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1400
OLDSMAR, FL 34677

New Mailing Address:

14390 CARLSON CIRCLE
TAMPA, FL 33626

FEI Number: 59-3053883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, AVA
612 SHORE DR. E
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PIERCE, WILL,
Address: 612 SHORE DR EAST
City-St-Zip: OLDSMAR, FL 34677

Title: CFO () Delete
Name: PIERCE, AVA
Address: 612 SHORE DR. E
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVA PIERCE

CFO

03/31/2009

Electronic Signature of Signing Officer or Director

Date