


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90052 036 ***150.00

DOCUMENT # V30525	
1. Entity Name STEPKA INTERNATIONAL, INC.	

Principal Place of Business P.O. BOX 50954 JACKSONVILLE BEACH, FL 32240	Mailing Address P.O. BOX 50954 JACKSONVILLE BEACH, FL 32240
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40001489

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3115653	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUTTO, MORGAN C., III 1628 - 3RD AVENUE NORTH JACKSONVILLE BEACH, FL 32240		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, MORGAN C.	NAME	
STREET ADDRESS	1628 - 3RD AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPKA, RICHARD W	NAME	
STREET ADDRESS	4010 CHIPLEY CT	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL, GA 30075	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPKA, ANN C	NAME	
STREET ADDRESS	4010 CHIPLEY CT	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL, GA 30075	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'TINGER, NANCY J	NAME	
STREET ADDRESS	4954 SHILOH RD	STREET ADDRESS	
CITY-ST-ZIP	CUMMING, GA	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, SAMUEL E	NAME	VP SANDY CATO
STREET ADDRESS	4816 VILLAGE SQUARE	STREET ADDRESS	50 NO. CLEVELAND CHURCH RD
CITY-ST-ZIP	ACWORTH, GA 30102	CITY-ST-ZIP	MC DONOUGH, GA 30253
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Richard W. Stepka* (**RICHARD W. STEPKA**)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07
Date

678-566-2566
Daytime Phone #