

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2009  
Secretary of State**

DOCUMENT# N07000001003

Entity Name: LIVING STONES INTERNATIONAL, INC.

**Current Principal Place of Business:**

1575 PAUL RUSSELL ROAD  
SUITE 502  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6747  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 20-8309980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEAVER, WESLEY J.  
609 DUNDEE DR.  
PENSACOLA, FL 32507      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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MONTGOMERY, GARY  
Address: 1575 PAUL RUSSELL ROAD, #502  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS      ( ) Delete  
Name: RANDALL, WAYNE  
Address: 2701 N. 20 AVE.  
City-St-Zip: PENSACOLA, FL 32503

Title: DT      ( ) Delete  
Name: DEMPS, WILLIE SR.  
Address: 2480 TRONJO CIR.  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: BRUNDIDGE, DARRYL  
Address: 5404 SUN VALLEY DR.  
City-St-Zip: PENSACOLA, FL 32505

Title: DVP      ( ) Delete  
Name: JOSEPHINE, GAMBOA  
Address: 1575 PAUL RUSSELL ROAD, #502  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MONTGOMERY

DP

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date