

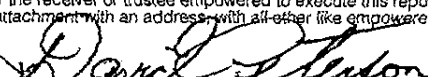


FILED
Jan 20, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # H40161 1. Entity Name ADVANCED MARBLE PRODUCTS, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 170 JAMES ST VENICE, FL 34292 US</div><div>Mailing Address 170 JAMES ST VENICE, FL 34292 US</div></div>		<div style="text-align: center; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;">01152006No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>4. FEI Number 59-2492289</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PETERSON, DAVID E 770 PERCHERON CIRCLE NOKOMIS, FL 34275	DO NOT WRITE IN THIS SPACE	
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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE	VS	<div style="font-size: 1.2em; margin-bottom: 10px;">100000391460</div> <div style="font-size: 1.2em; margin-bottom: 10px;">01/24/06-80041-025 150.00</div> <div style="text-align: center; height: 150px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div>
NAME	PETERSON, BONNIE	
STREET ADDRESS	3330 RUSTIC ROAD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	P	
NAME	PETERSON, DAVID E	
STREET ADDRESS	770 PERCHERON CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TAVP	
NAME	PETERSON, ROBB	
STREET ADDRESS	3330 RUSTIC ROAD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="width: 35%; text-align: right;"><div style="display: flex; justify-content: space-between;"><div>1/16/06 <small>Date</small></div><div>941-485-7775 <small>Daytime Phone #</small></div></div></div></div>		