2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATURE AND TYPED OR PANYED HAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # H70199 1. Entity Name STONE CRAFT SYSTEMS CORP. Principal Place of Business Mailing Address 425 N.E. 32ND STREET BOCA RATON FL 33431-6737 501 E, INDUSTRIAL AVE **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. It, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2811905 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPARLING, DON 425 N.E. 32ND STREET Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33431-6737 Zip Code City 5. 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 accepthe obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and little if applicable (NOTE Registered Agent a-greature required when roustaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME SPARLING, DON 000000491616 04/19/06-80<mark>031-008</mark> 150.00 NAME STREET ADDRESS STREET ADDRESS 425 N.E. 32ND STREET CITY-ST-ZIP CITY-ST-78P BOCA RATON FL 33431-6737 TIRE ☐ Delete THE Change Additional Property of the Control o NAME SPARLING, CAROLYN JANET NAME STREET ADDRESS STREET ADDRESS 425 N.E. 32ND STREET CITY-ST-ZIP CtTY-ST-ZiP **BOCA RATON FL 33431-6737** भार Detete HILL ☐ Change □ Admi NAME NAMI. SPARLING, MICHELE MARIE. STREET ADDRESS STREET ADDRESS 425 N.E. 32ND STREET Clin-Si-zif CITY-ST-ZIP BOCA RATON FL 33431-6737 ☐ Change The second TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 719 ☐ Change □ Add TITLE ☐ Gefete me NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZiP ☐ Detete ☐ Change □ Addr 1)\$1.5 3373.5 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-\$1-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 office or direction 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 is of chapter 607, or on an attaghment with an address, with all other like empowered.

FILED

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