

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70199

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: STONE CRAFT SYSTEMS CORP.

## Current Principal Place of Business:

501 E. INDUSTRIAL AVE.  
BOYNTON BEACH, FL 33426 US

## New Principal Place of Business:

## Current Mailing Address:

425 N.E. 32ND STREET  
BOCA RATON, FL 334316737 US

## New Mailing Address:

FEI Number: 59-2811905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPARLING, DON  
425 N.E. 32ND STREET  
BOCA RATON, FL 334316737 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: PST ( ) Delete  
Name: SPARLING, DON  
Address: 425 N.E. 32ND STREET  
City-St-Zip: BOCA RATON, FL 334316737

Title: VP ( ) Delete  
Name: SPARLING, CAROLYN JANET  
Address: 425 N.E. 32ND STREET  
City-St-Zip: BOCA RATON, FL 334316737

Title: VP ( ) Delete  
Name: SPARLING, MICHELE MARIE  
Address: 425 N.E. 32ND STREET  
City-St-Zip: BOCA RATON, FL 334316737

## 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:

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: DON SPARLING

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

PRES

03/28/2009

\_\_\_\_\_  
Date