2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <

Feb 09, 2007 8:00 am Secretary of State **DOCUMENT # H89243** 02-09-2007 90020 035 ***150 00 UNIQUE MARBLE, INC. Principal Place of Business Mailing Address 780 8 CT 780 8 CT VERO BEACH, FL 32962 VERO BEACH, FL 32962 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2630787 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAVIS, FRED Street Address (P.O. Box Number is Not Acceptable) 780 8 CT VERO BEACH, FL 32962 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete X Change ☐ Addition CHAVIS, FRED NAME NAME KIMBERLY C. STOCKTON STREET ADDRESS 780 8TH CT. STREET ADDRESS 151 22ND AVE. VERO BEACH, FL CITY-ST-ZIP . 32962 VERO BEACH, FL TITLE 🗶 Delete THILE ☐ Change ☐ Addition NAME DIMECH, MANUEL NAME 780 8 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL CITY-ST-ZIP TITLE Z Delete TITLE □ Change ☐ Addition NAME STOCKTON, KIMBERLY C STREET ADDRESS 151 22ND AVE STREET ADDRESS VERO BEACH, FL 32962 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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.

FRED CHAVIS

FILED

2/05/2007 (772)569-4460

Daytime Phone #

Date