2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2006 08:00 AM Secretary of State DOCUMENT # J47703 1. Entity Name ART STONE COMPANY, INC. Principal Place of Business Mailing Address 3611 TYRONE BOULEVARD NORTH 3611 TYRONE BOULEVARD NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2746271 Not Applicable 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 Name POLEN, MICHAEL J. Strest Address (P.O. Box Number is Not Acceptable) 3611 TYRONE BOULEVARD ST. PETERSBURG FL 33710 City 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 Types or practic name of redistered again and filte it applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. U00000517153 Change Anterior 3411 ☐ Detete TITLE 05/01/06-80033-007 150.00 MAME POLEN, MICHAEL J. NAME STREET ADDRESS 3611 TYRONE BLVD. STREET ADDRESS CHY-SI-ZIP ST. PETERSBURG FL CITY-SY-ZIP TITLE Delete ☐ Change □ Add*** TITLE MAME POLEN, DAVID W NAME STREET ADDRESS 3611 TYRONE BLVD. STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL CITY-ST-ZIP าหน ☐ Change Add G ☐ Delete DST BILL NAME POLEN, PAULA J NAME STREET ADDRESS 3611 TYRONE BLVD. STREET ADDRESS CITY-ST-21P City-St-Zip ST. PETERSBURG FL TITLE ☐ Detete 7/7LE Change NAME STREET ACCRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP Defete ☐ Addi''' TITLE TITLE ☐ Change NAME NAME STREET ASIDRESS STREET ADDRESS City St-200 CITY - ST - ZIP 11111 ☐ Delete ☐ Change Antinio)))].F NAME NAME STHEET AUDHESS 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 Section 119, Florida Statutes 1 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 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 1 if changed, or on an attrachment with an address, with all other like empowered.

SIGNATURE:

MACUAL AND LOSED OF ANIMATED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 (727)345-6733

FILED