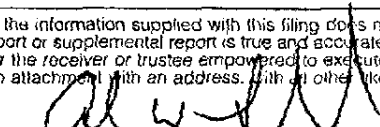


FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # K57143						Feb 15, 2006 08:00 AM		Secretary of State	
1. Entity Name AL'S MARBLE SILLS, INC.									
Principal Place of Business 1602 A MARKET CIRCLE UNIT 9 MURDOCK FL 33953				Mailing Address P.O. BOX 380694 MURDOCK FL 33938-0694					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State				4. FEI Number 65-0093000	
Zip		Country		Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINFLASH, AL 15066 GULISTAN AVE PORT CHARLOTTE FL 33953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when (re)registering) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PVD	☐ Delete			TITLE	☐ Change ☐ Addition			
NAME	WEINFLASH, AL				NAME				
STREET ADDRESS	15066 GULISTAN AVE				STREET ADDRESS	U00000434125			
CITY-ST-ZIP	PORT CHARLOTTE FL 33953				CITY-ST-ZIP	02/24/06-80048-014 150.00			
TITLE		☐ Delete			TITLE	☐ Change ☐ Addition			
NAME					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				
TITLE		☐ Delete			TITLE	☐ Change ☐ Addition			
NAME					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 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 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 an officer or trustee empowered.									
SIGNATURE:  2/13/06 625-4342									