2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # L32900 1. Entity Name FLORIDA NATURAL STONE, INC. Principal Place of Business Mailing Address **4055 POINSETTA AVE** P.O. BOX 34 EUSTIS, FL 32727-0034 MT. DORA, FL 32757 CR2E034 (11/05) 02132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2982823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATRICK, GERALD W DO NOT WRITE 4055 POINSETTA AV E MT DORA, FL 32757 IN THIS SPACE 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 U00000325844 05/20/08-80043-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PATRICK, GERALD W STREET ADDRESS 4055 POINSETTIA AVE CITY-ST-ZIP MOUNT DORA, FL. 32757 TITLE PATRICK, GERALD A NAME STREET ADDRESS 4055 POINSETTA AVENUE CITY-ST-ZIP MT DORA, FL 32757 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP

zerald W. Patrick 4/23/08