

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M47780

FILED
Apr 21, 2009
Secretary of State

Entity Name: STONE TRAVEL TECHNOLOGIES, INC.

Current Principal Place of Business:

3111 UNIVERSITY DR.
SUITE 103
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

3111 UNIVERSITY DR.
SUITE 103
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0011198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, LEONARD W.
3111 UNIVERSITY DR. #103
C/O BON VOYAGE TRAVEL
CORAL SPRINGS, FL 33065 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: STONE, LEONARD
Address: 6789 CASTLEMAINE AV
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: STONE, LEONARD
Address: 6789 CASTLEMAINE AV
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: STONE, STUART K
Address: 5006 NW 95TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VP (X) Delete
Name: STONE, TRACY L
Address: 7504 NW 40TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP (X) Delete
Name: QUINTO, BARBARA
Address: 3111 UNIVERSITY DR
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STONE, LEONARD
Address: 6789 CASTLEMAINE AV
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST (X) Change () Addition
Name: STONE, ROBERTA
Address: 6789 CASTLEMAINE AV
City-St-Zip: BOYNTON BEACH, FL 33437

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: STUART STONE

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date