2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-14-2007 90052 022 ***150.00 DOCUMENT # M94862 LAKELAND GRANITE AND MARBLE INC. 40016805 Principal Place of Business Mailing Address 4330 MAIN AVE 4330 MAIN AVE LAKELAND, FL 33801 LAKELAND, FL 33801 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2905597 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIN, YU CHIN LANDERVILLE, ROGER Street Address (P.O. Box Number is Not Acceptable) 5459 Highlands Vista Circle 4330 MAINE AVE LAKELAND, FL 33801 City Lake land FL Zip Code 33812 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 byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Change TITLE TITLE D/P/S Addition LANDERVILLE, ROGER NAME HUANG, FORBE STREET ADORESS 4330 MAINE AVE STREET ADDRESS 3230 SW Archer Road, #N267 LAKEEAND, FL 33801 Gainesville, FL CITY-ST-ZIP CITY-ST-7IP TILLE Delete TITLE XIXT Change Addition NAME NAME HUANG, FORIS STREET ADDRESS STREET ADDRESS 5459 Highlands Vista Circle CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33812 TITLE ☐ Delete TITLE XIX Change ☐ Addition LIN, YU CHIN NAME NAME 5459 Higlands Vista Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠΠF Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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.

'UCHIN LIN

SIGNING OFFICER OR DIRECTOR

FILED Feb 14, 2007 8:00 am