

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N05000004945

1. Entity Name

STONE STUDIO'S, INC.



FILED

**Feb 28, 2007 8:00 am
Secretary of State**

02-28-2007 90015 033 ****61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business		Mailing Address	
820 S PARK AVE SUITE S WINTER GARDEN FL 34787		820 S PARK AVE SUITE S WINTER GARDEN FL 34787	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
JAMES, JEREMY D 820 S PARK AVE SUITE S WINTER GARDEN FL 34787			
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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE: PD NAME: JAMES, JEREMY D STREET ADDRESS: 820 S PARK AVE CITY- ST- ZIP: WINTER GARDEN FL 34787		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: AUSTIN, TRAVIS STREET ADDRESS: 820 S PARK AVE CITY- ST- ZIP: WINTER GARDEN FL 34787		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: JAMES, CLORETHA STREET ADDRESS: 820 S PARK AVE CITY- ST- ZIP: WINTER GARDEN FL 34787		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SARISSA AUSTIN 417 SOUTHERN PECAN CIRCLE Winter Garden FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: PRESLEY, SHEMONE STREET ADDRESS: 820 S PARK AVE CITY- ST- ZIP: WINTER GARDEN FL 34787		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: MITCHELL, WILLIEMAE STREET ADDRESS: 820 S PARK AVE CITY- ST- ZIP: WINTER GARDEN FL 34787		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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: *James Jeremy James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 (407)877-9533

Date

Digital Phone #