2007 FOR PROFIT CORPORATION

FILED Jan 25, 2007 08:00 AN

ANNUAL KEPOKI					Secretary of Sta				
DOCUMENT # P0000018821							secreta.	ry or Su	
1. Emity Nan 4173 HE	ne ARTHSTONE, INC.								
Principal Plac	ce of Business	Mailing Address	} :						
2033 MAIN SARASOTA, I	ST, SUITE 600 - FL 34237	2033 MAIN ST, SUITE 600 SARASOTA, FL 34237		***************************************					
	<u></u>		· _ · · · · · · · · · · · · · · · · · ·	-					
DO NOT WRITE IN THIS SPA				01232007 No Chg-P CR2E034 (11/05)				11/05)	
				4.	FEI Numb			Applied For Not Applicable	
				5.		of Status Desired		75 Additional	
	6. Name and Address of Current Reg	Istered Agent	<u> </u>					Required	
MYERS, TROY H JR					DO	NOT W	OITE		
C/O ICARD, MERRILL, CULLIS ET AL 2033 MAIN ST, SUITE 600						NOT W			
SARASOTA, FL 34237			***************************************		IN	THIS SF	PACE		
9 The chaus	e named entity submits this statement for th	o purposes of abounding the register	ad afficia as s	naiotara d a	and or ho	the in the State of I	orida I pro fomili	ne with and except	
	e named entry scornics this statement for the tions of registered agent.	a barbase or crianding its redision	eo olica di ti	<u>ಎಗಿ:2(ಎ: ಎ೧</u> ೪	ağessi os po	in, in the state of Fi	ORDA. FARRIERIN	ai willi, aliq accept	
SIGNATURE.	Signature, typed or printed name of registered agent and t	elle if applicable DVOTE Registers	ed Agent signature	račultad when	n reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
<u> </u>				-		UUUUME	1604254		
Fil After M	E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00			\$5.00 Added to	May Be o Fees	01/29/07-		3 150.00	
10.	OFFICERS AND DIF	ECTORS	1						
TITLE NAME	D MYERS, TROY H JR								
STREET ADDRESS	·								
CITY-ST-ZIP	SARASOTA, FL 34237		1						
TITLE NAME									
STREET ADDRESS									
CITY-ST-ZIP			į						
TITLE NAME	-								
STREET ADDRESS			l		DO	NOT W	/RITF		
CITY-ST-ZIP			1						
NAME					IN	THIS SI	ACE		
STREET ADDRESS									
CITY-ST-ZIP			1						
NAME									
STREET ADDRESS									

12. I hereby certify that the information supplied with this filling 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.

Troy H. Myers, Jr., Director 01/19/2007 (941) 953-8110

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CAY-ST-ZIP

Davilme Phone #