2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State
06-15-2007 90022 001 ***550.00

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1. Entity Name
Q.E.P. STONE HOLDINGS, INC.

Principal Place of Business	Mailing Address
1001 BROKEN SOUND PKWY, NW STE A BOCA RATON, FL 33487	1001 BROKEN SOUND PKWY, NW STE A BOCA RATON, FL 33487

06132007 Chg-P CR2E034 (12/06)

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

4. FEI Number 65-0989736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOULD, LEWIS 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO GOULD, LEWIS 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ICFO FLEISCHER, STUART 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOULD, LEONARD 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUIR, JR., ROBERT 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOULD, SUSAN 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLM, LAURA 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTON, GEARY 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KREIT~~ KREILEN, DAVID 1001 BROKEN SOUND PKWY BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAST, CHRISTIAN 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, EMIL 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ CEO. 6/13/2007 561-994-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #