2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052931 FILED 1. Entity Name May 02, 2006 08:00 AN Secretary of State STONE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2198 PUMPKIN PLACE NE 2198 PUMPKIN PLACE NE PALM BAY, FL 32905 PALM BAY, FL 32905 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3650658 Not Applicable \$8.75 Additional ₩/ 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STONE, RONALD J DO NOT WRITE 2198 PUMPKIN PLACE NE PALM BAY, FL 32905 IN THIS SPACE 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 resident ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STONE, RONALD J NAME 2198 PUMPKIN PLACE NE STREET ADDRESS U00000557893 CITY-ST-ZIP PALM BAY, FL 32905 05/17/08-80071-007 158.7**5** TITLE STONE, JENNIFER M NAME 2198 PUMPKIN PLACE NE STREET ADDRESS PALM BAY, FL 32905 CITY- ST- 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-78P IN THIS SPACE BILE NAME STREET ADDRESS CRTY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

sennifer m Stone L

4.23-06

321-45

Daytime Phone #