

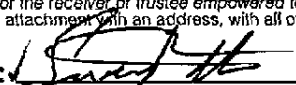


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000009833		
1. Entity Name NATURE CRAFT MARBLE, INC.		
Principal Place of Business 1601 SOUTHWEST 10TH STREET, UNIT #2 DELRAY BEACH, FL 33444		Mailing Address 1601 SOUTHWEST 10TH STREET, UNIT #2 DELRAY BEACH, FL 33444
DO NOT WRITE IN THIS SPACE		
		 03092006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1082838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SWEID, ALI 1601 SW 10 ST DELRAY BEACH, FL 33444		DO NOT WRITE 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 of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000474252 04/04/06-80016-021 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SWEID, ALI A 1601 SOUTHWEST 10TH STREET, UNIT #2 DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SWEID, MOHAMED A 1601 SOUTHWEST 10TH STREET, UNIT #2 DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		13-14-06 1561-272-0592 <small>Date Daytime Phone #</small>