2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 01, 2005 8:00 am Secretary of State DOCUMENT # P01000015977 1. Entity Name 04-01-2005 90002 036 ***150.00 AMAZING STONES, INC. Principal Place of Business Mailing Address 1180 17TH STREET SW NAPLES FL 34117 1180 17TH STREET SW NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address 2115 ISLA DE PALMA CIR 2115 ISLADEPALMA CIZ Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) NAPLES NAPLES チム 4. FEI Number City & State City & State Applied For 65-1074766 35119 USA 34119 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRISC ALEXANDRU BRISC, ALEXANDRU ? Street Address (P.O. Box Number is Not Acceptable) 1180 17TH STREET SW NAPLES FL 34117 (#1 34119 1 APLES City 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 togratered agent and title it (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ∠ Change Addition ALEXANDRY ISLA DE PALGA CIR BRISC, ALEXANDRU NAME NAME BRISC . 1180 17TH ST SW STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-7IP PL 34119 INAPLES VD Change TITLE ☐ Delete TITLE ■ Addition BRISC, MARIANA MARIANA NAME BRISE NAME 2115 ISLA DE PALMA CIR STREET ADDRESS 1180 17TH ST SW STREET ADDRESS NAPLES FL 34119 NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete ☐ Addition BRISC DIANA NAME BRISC, DIANA NAME ZIIS ISLA DE PALMA CIR STREET ADDRESS STREET ADDRESS 1180 17TH ST SW CITY-ST-ZIP NAPLES FL 34117 CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-7IP ☐ Defete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 applications, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED