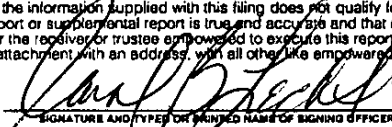


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

04-28-2006 90194 009 ***150.00

DOCUMENT # P01000076419					
1. Entity Name STONE CRAZY, INC.					
Principal Place of Business 3781 COMMERCE LOOP ORLANDO, FL 32808			Mailing Address 3781 COMMERCE LOOP ORLANDO, FL 32808		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3735671			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERKSON, GARY M ESQ 111 NORTH ORANGE AVENUE SUITE 1200 ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LECHTNER, CAROL B		NAME		
STREET ADDRESS	14231 LAKE UNDERHILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LECHTNER, JACOB		NAME		
STREET ADDRESS	14231 LAKE UNDERHILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	BORSELLINO, GIUSEPPE		NAME		
STREET ADDRESS	1040 PLANTATION ROAD		STREET ADDRESS	9928 CHARDONNAY DRIVE	
CITY-ST-ZIP	KISSIMEE, FL 34741		CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		5/26/06 4072905790 Date: _____ Daytime Phone: _____			

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