2006 FOR PROFIT CORPORATION ANNUAL REPORT

w

SIGNATURE:

Secretary of State DOCUMENT # P02000026547 01-27-2006 90031 047 ***150.00 IMPÉRIAL GRANITE & MARBLE, INC. Principal Place of Business Mailing Address 2005 BROAD STREET 2005 BROAD STREET BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34609 3. Mailing Address 2. Principal Place of Business 15435 CORTEZ BWD Suite, Apt. #, etc. CR2E034 (11/05) 01042006 Cha-P 4. FEI Number Applied For City & State City & State Brooksville 01-0708076 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 34613 HEIZNANDO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADRIAN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2005 BROAD STREET BROOKSVILLE, FL 34609 Zip Code City 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. VATSALA SASTRY SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Detete Change Addition TMF TITLE SASTRY, VATSALA S NAME 2005 BROAD STREET 15435 CORTEZ BLVD STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34609 CITY-ST-ZIP CITY-ST-ZIP Brooksville, Fl. 34613 TITLE ☐ Delete TITLE Change Addition ADRIAN, BRIAN D NAME NAME STREET ADDRESS 15435 CORTEZ BLVD STREET ADDRESS 2005 BROAD STREET CITY-ST-ZIP BROOKSVILLE, FL 34609 CITY-ST-ZIP BROOKSUILL, PL 34613 ☐ Change Addition ☐ Delete TITLE TITI F 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 ☐ Addition ☐ Delete IME ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TOF TITLE NAME STREET ADDRESS 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.

FILED

Jan 27, 2006 8:00 am