2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055614

Entity Name: GRANITE DEPOT INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1315 29TH STREET, SUITE A ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

1315 29TH STREET, SUITE A 100 EYSTER BLVD. ORLANDO, FL 32805 SUITE 201

ROCKLEGE, FL 32955

FEI Number: 03-0444807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINS, LEONOR WITEK, NICK 9640 BOGGY CREEK ROAD UNIT 2 49 RIVER FALLS

ORLANDO, FL 32824 US COCOA BEACH, FL 32931 US

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.

SIGNATURE: NICK WITEK 04/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:MARTINS, LEONOR AName:WITEK, NICKAddress:6742 EDGEWATER DRIVEAddress:49 RIVER FALLS

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: COCOA BEACH, FL 32931

Name: FURLAN, OSWALDO JR Name: WITEK, MELISSA Address: AV TIRADENTES, SUL 234, CENTRAL PEDERNEIRA Address: 49 RIVER FALLS

City-St-Zip: SAO PAULO, BRAZIL, City-St-Zip: COCOA BEACH, FL 32931

Title: TD (X) Delete Title: () Change () Addition

 Name:
 MORALES, ADILSON
 Name:

 Address:
 ALMEDA CONEGO ANIBAL DIFRANCIA, 5-56
 Address:

 City-St-Zip:
 PARQUE VISTA ALEGRE-BAURU, SP
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 MORALES, GUSTAVO
 Name:

 Address:
 ALMEDA CONEGO ANIBAL DIFRANCIA, 5-56
 Address:

 City-St-Zip:
 PARQUE VISTA ALEGRE-BAURU, SP
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK WITEK PD 04/04/2005