FILED 2008 FOR PROFIT CORPORATION Feb 19, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P02000056273 1. Entity Name MARS STONE INC. Principal Place of Business Mailing Address 1955 NW 18 ST 1955 NW 18 ST POMPANO BCH, FL 33069 POMPANO BCH, FL 33069 CR2E034 (11/05) 01042008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3678939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired the second of the second Fee Required 6. Name and Address of Current Registered Agent GOLDIN, ARNOLD S DO NOT WRITE 5030 CHAMPION BLVD #G-6231 BOCA RATON, FL 33496 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROMAY, MONICA NAME 8953 NW 23RD ST. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY - ST-ZIP