2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000027910** 05-01-2006 90352 024 ***150.00 BEDROCK STONE WORKS, INC. Principal Place of Business Mailing Address 824 A E-PROSPECT RD 40073303 824 A E PROSPECT RD FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FÉl Number Applied For 16-1657349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITTELBERG, BARRY DO NOT WRITE MITTELBERG & NICOSIA PA 8100 N UNIVERSITY DRIVE #102 IN THIS SPACE FT LAUDERDALE, FL 33321 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 registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees TITLE NAME DIAZ, EDGARDO STREET ADDRESS 541 N 68TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE **VSTD** NAME SANTOS, IRIS STREET ADDRESS 541 N 68TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED