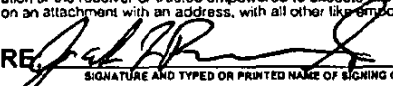


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90184 042 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000075596			
1. Entity Name MASONRY TECHNIQUES, INC.			
Principal Place of Business 14243 MAY ACRES LANE JACKSONVILLE, FL 32218		Mailing Address 14243 MAY ACRES LANE JACKSONVILLE, FL 32218	
2. Principal Place of Business 16847 OAK HILL ROAD Suite, Apt. #, etc.		3. Mailing Address 16847 OAK HILL ROAD Suite, Apt. #, etc.	
City & State HILLARD, FL		City & State HILLARD, FL	
Zip 32046	Country U.S.	Zip 32046	Country U.S.
4. FEI Number 20-2055818		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PEARSON SR., JACKIE 14243 MAY ACRES LANE JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name PEARSON SR., JACKIE Street Address (P.O. Box Number is Not Acceptable) 16847 OAK HILL ROAD City HILLARD, FL Zip Code 32046	
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 _____			
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 NAME STREET ADDRESS CITY - ST - ZIP	PT PEARSON, JACKIE L 14243 MAY ACRES LANE JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	16847 OAK HILL ROAD HILLARD, FL 32046 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEFFIELD, PATRICIA A 14243 MAY ACRES LANE JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHEFFIELD, PATRICIA A 14243 MAY ACRES LANE JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/07/06 904/334-9920 Date Daytime Phone #	