2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P04000112551 1. Entity Name DIRECT STONE IMPORTS INCORPORATED Principal Place of Business Mailing Address 5140 COBBLE CREEK COURT 5140 COBBLE CREEK COURT #201 #201 NAPLES, FL 34110 NAPLES, FL 34110 Na Cha-P CR2E034 (11/05) 04282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1613967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MC GIRL, PATRICK J DO NOT WRITE 5140 COBBLE CREEK COURT IN THIS SPACE NAPLES, FL 34110 6. 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 site 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MC GIRL, PATRICK J NAME 5140 COBBLE CREEK COURT #201 STREET ADDRESS 05/15/06-80098-011 150.00 CHTY-ST-ZIP NAPLES, FL 34110 TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-DE TITLE

12. I hereby certify that the information supplied with this filling fees 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 champed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

NAME STREET ACCRESS CITY-ST-ZIP HILE MAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED