2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

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Entity Name: SIX STONES, INC.

Current Principal Place of Business:

201 E. PINE STREET
SUITE 445
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

201 E. PINE STREET
SUITE 445
ORLANDO, FL 32801

New Mailing Address:

P.O. BOX 450924
KISSIMMEE, FL 34745

FEI Number: 41-2147962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERSAD, TEE ESQ.
201 E. PINE STREET
SUITE 445
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRONELL, DEBORAH
Address: 1412 AVLEIGH CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: BRONELL, DEBORAH
Address: 1412 AVLEIGH CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: DP ( ) Change (X) Addition
Name: JONES, MARIE A
Address: 1973 WILLOW WOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: DT ( ) Change (X) Addition
Name: DENNIS, TERREL
Address: 4629 CHEYENNE PT. TRAIL
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Change (X) Addition
Name: BLAKE, STERLING C
Address: 2407 MASTASITE LOOP
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Change (X) Addition
Name: SMITH, MICHAEL
Address: 816 OGNON COURT
City-St-Zip: KISSIMMEE, FL 34758

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: MARIE JONES P 02/09/2005

Electronic Signature of Signing Officer or Director — Date