2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122380

Entity Name: SIX STONES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 E. PINE STREET 2639 N. ORANGE BLOSSOM TRAIL SUITE 445 KISSIMMEE, FL 34744 ORLANDO, FL 32801 **New Mailing Address: Current 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERSAD, TEE ESQ. 201 E. PINE STREET SUITE 445 ORLANDO, FL 32801 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BRONELL, DEBORAH Name: Name: BORONELL, DEBORAH 1412 AVLEIGH CIRCLE 1412 AVLEIGH CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 DΡ Title: DVP (X) Change () Addition Title: () Delete Name: JONES, MARIE A Name: JONES, MARIE A 1973 WILLOW WOOD DRIVE 1973 WILLOW WOOD DRIVE Address: Address: KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 City-St-Zip: City-St-Zip: Title: (X) Change () Addition DT () Delete Title: DPT DENNIS, TERREL DENNIS, TERREL Name: Name: 4629 CHEYENNE PT. TRAIL 4629 CHEYENNE PT. TRAIL Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746 Title: () Delete Title: () Change () Addition BLAKE, STERLING C Name: Name: Address: 2407 MASTASITE LOOP Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: Title: Title: C/D () Delete (X) Change () Addition SMITH, MICHAEL SMITH, MICHAEL Name: Name: 816 OGNON COURT Address: 816 OGNON COURT Address: City-St-Zip: KISSIMMEE, FL 34758 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 Chapter 119, 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: TERREL DENNIS DPT 04/27/2006