
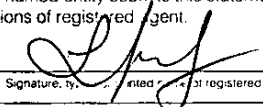
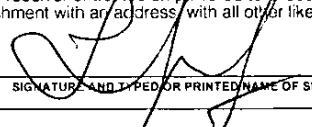


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 020 ***150.00

DOCUMENT # P04000124464 1. Entity Name LT STONE RESTORATION, INC.																													
Principal Place of Business 21709 BIRCH STATE PARKWAY BOCA RATON, FL 33428 US			Mailing Address 21709 BIRCH STATE PARKWAY BOCA RATON, FL 33428 US																										
2. Principal Place of Business 20829 SUGARLOAF LN. Suite, Apt. #, etc.		3. Mailing Address 20829 SUGARLOAF LN. Suite, Apt. #, etc.																											
City & State BOCA RATON		City & State BOCA RATON		4. FEI Number 20-1554886																									
Zip 33428		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PASKEVICIUTE, LORETA 21709 BIRCH STATE PARKWAY BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name LORETA PASKEVICIUTE Street Address (P.O. Box Number is Not Acceptable) 20829 SUGARLOAF LN. City BOCA RATON FL Zip Code 33428																										
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  DATE 08/23/06 <small>Signature, by _____, dated _____, of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LORETA, PASKEVICIUTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21709 BIRCH STATE PARKWAY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOCA RATON, FL 33428</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	LORETA, PASKEVICIUTE		STREET ADDRESS	21709 BIRCH STATE PARKWAY		CITY- ST- ZIP	BOCA RATON, FL 33428		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: 				08/23/06 561 703-3395 <small>Date Daytime Phone #</small>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													