## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGN

## Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P04000129788** 04-26-2006 90216 048 \*\*\*150.00 1. Entity Name MARANATA STONE INC. Principal Place of Business Mailing Address #AAAA. 1305 S KIRKMAN RD 1305 S KIRKMAN RD APT 2158 **APT 2158** ORLANDO, FL 32811 ORLANDO, FL 32811 US 2. Principal Place of Business 415 50 50 50 60 3. Mailing Address ma Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Cha-P City & State 4. FFI Number Applied For City & State 20-1615910 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACCOUNT BOOKKEEPING CORP Number is Not Acceptable 5950 LAKEHURST DR **SUITE 246** ORLANDO, FL 32819 1 linter 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE PERINI-CANDIDO, FRANCISCO C NAME NAME 415 Sat Suma Lane 1305 S KIRKMAN RD APT 2158 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32811 VP Delete TITLE TITLE Change ☐ Addition CANDIDO, ROSANGELA A NAME NAME suma Lane 1305 S KIRKMAN RD APT 2158 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32811 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Maddition THIE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, of pn an attachment with an address. With all other like empowered.

**FILED**