2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164971

Entity Name: POWERSTONE INDUSTRIES CORPORATION

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1287 E. NEWPORT CENTER DRIVE SUITE 202 DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

2315 BENT TREE RD. 2474 WALNUT ST. APT. 2115 #351 CARY, NC 27518

FEI Number: 51-0531237 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:

GRAVES, AARON D
2315 BENT TREE RD
APT. 2115
PALM HARBOR, FL 34683 US
GRAVES, AARON D
1287 E. NEWPORT CENTER DRIVE
SUITE 202
DEERFIELD BEACH, FL 33442 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: AARON D. GRAVES 04/23/2007

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 GRAVES, AARON D GRAVES, AARON D Name: Name: 2315 BENT TREE RD, #2115 2474 WALNUT ST., #351 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: CARY, NC 27518

Title: SVP () Delete Title: SVP (X) Change () Addition Name: GRAVES, STEPHANIE L Name: GRAVES, STEPHANIE L

Address: 2315 BENT TREE RD., #2115 Address: 2474 WALNUT ST., #351
City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: CARY, NC 27518

Title: () Delete Title: VPST () Change (X) Addition

 Name:
 Name:
 GRAVES, DEBRA R

 Address:
 Address:
 2474 WALNUT ST., #351

 City-St-Zip:
 City-St-Zip:
 CARY, NC 27518

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA R. GRAVES VPST 04/23/2007