2008 FOR PROFIT CORPORATION

Apr 21, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P05000039178** 1. Entity Name WILLIAM DECO-STONE, INC. Principal Place of Business Mailing Address 3541 E 9TH CT. 3541 E 9TH CT. HIALEAH, FL 33013-3117 HIALEAH, FL 33013-3117 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 13-4295721 \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERMUDEZ, WILLIAM DO NOT WRITE 3541 E 9TH CT. HIALEAH, FL 33013-3117 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) U00000912596 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/07/08-80084-024 150.00 10. . OFFICERS AND DIRECTORS TITI F BERMUDEZ, WILLIAM NAME STREET ADDRESS 3541 E 9TH CT. CITY-ST-ZIP HIALEAH, FL 330133117 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 charged, or on an attachment with an address, with all-other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DEPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED