2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000084544

1. Entity Name

STONEARCH #1 CORPORATION



FILED Jan 19, 2006 8:00 am Secretary of State

01-19-2006 90065 030 ***150.00

Montry Address 1491 WEEPING WILLOW WAY HOLLWOOD, FL 33019				100				
### POLLYWOOD, FL 33019 2. Principal Place of Fluviness Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State City & State City & State Country Zis Country Xis National Address of New Registered Agent Thanha The Above named entry 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 acc the foreign agent of	· ·		-		- 	9000	~~ ·-	
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City & State City & Store City & Store Country Countr	2. Principal Place of Business		3. Mailing Address ·					
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Country	City & State		City & State		4. FEI Numb	ed for		
Name	Zip	Country	Zip Country				\$8.75 Add	itional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent	
1491 WEEPING WILLOW WAY	TICE JAM	EQ E	Name	Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the familiar with, and act the familiar with a	1491 WEE	PING WILLOW WAY		Street Addre	ess (P.O. Box Numb	e: is Not Acceptable	<u>a)</u>	
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. ### Signature Signature Signat								
SIGNATURE				City			FL Zip Code	9
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## FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. 10.	SIGNATURE_	Squatize, typed as protec came of registered agents	sed lite d spolicable. (NOTE	. Registered Agent agosture re	quired when re-resisting)		DATE	
### After May 1, 2006 Fee will be \$55.0.00 10.								
MESSER, JAY M Greet Address Title NAME STREET Address Title NAME NAME Title NAME N	FIL After Ma	E NOWII! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0						
MESSER, JAY M 1491 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 IIILE RAME STREET ADDRESS CITY- ST-ZIP IIILE RAME	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11
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CITICAL ADDRICE								
STREET ADDRESS CHY-ST-ZIP CHY-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 informational 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 direct of the condition 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 of changed, or an antacturent with an address, with all other like empowered.

LaMy Chargant