



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 032 ***158.75

DOCUMENT # P05000091932 1. Entity Name DRAGONSTONE INC.					
Principal Place of Business 3111 LUAN CT. DUNEDIN, FL 34698			Mailing Address 3111 LUAN CT. DUNEDIN, FL 34698		
2. Principal Place of Business 2462 GULFBREEZE CIR Suite, Apt. #, etc.		3. Mailing Address 2462 GULFBREEZE CIR Suite, Apt. #, etc.			
City & State PALM HARBOR FL. Zip 34683 Country U.S.A.		City & State PALM HARBOR FL. Zip 34683 Country U.S.A.		4. FEI Number 11-3753530	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARDY, PAMELA 3111 LUAN CT. DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name PAMELA HARDY Street Address (P.O. Box Number is Not Acceptable) 2462 GULFBREEZE CIR. City PALM HARBOR FL Zip Code 34683		
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 <u><i>Pamela Hardy</i></u> (Pamela Hardy)				DATE <u>4-22-06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HARDY, CLAY 3111 LUAN CT. DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HARDY CLAY 2462 GULFBREEZE CIR PALM HARBOR FL. 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HARDY, PAMELA 3111 LUAN CT. DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HARDY PAMELA 2462 GULFBREEZE CIR PALM HARBOR FL. 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Clay B. Hardy</i></u> CLAY B. HARDY			Date <u>4/13/06</u>		Daytime Phone # <u>727-424-2566</u>