

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098115

Entity Name: STIX N STONES, INC.

FILED  
Aug 31, 2006  
Secretary of State

## Current Principal Place of Business:

1024 ST. JOHNS AVENUE  
PALATKA, FL 32177

## New Principal Place of Business:

## Current Mailing Address:

1024 ST. JOHNS AVENUE  
PALATKA, FL 32177

## New Mailing Address:

FEI Number: 83-0433683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWINGEL, SCOTT  
1024 ST. JOHNS AVENUE  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

AMIN, DUSHYANT  
1823 SW 108TH. STREET  
GAINESVILLE, FL 32607 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: D AMIN

08/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHWINGEL, SCOTT  
Address: 1024 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP,D (X) Change ( ) Addition  
Name: SCHWINGEL, SCOTT  
Address: 1024 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: PSTD ( ) Change (X) Addition  
Name: AMIN, DUSHYANT  
Address: 1823 SW 108TH. STREET  
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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: D AMIN

PSTD

08/31/2006

Electronic Signature of Signing Officer or Director

Date