


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90057 002 \*\*\*158.75

<b>DOCUMENT # P05000137696</b>	
1. Entity Name PAKAM STONES N' MORE, INC.	

Principal Place of Business 1360 N. GOLDENROD ROAD UNIT 4 ORLANDO, FL 32807	Mailing Address 1929 CHATHAMMOOR DRIVE ORLANDO, FL 32835
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40040340

2. Principal Place of Business - No P.O. Box # 1714 N. GOLDENROD ROAD Suite, Apt. #, etc. SUITE C-2	3. Mailing Address 1714 N. GOLDENROD ROAD Suite, Apt. #, etc. SUITE C-2
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32807 Country USA	Zip 32807 Country USA

01032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3622243	Applied For Not Applicable
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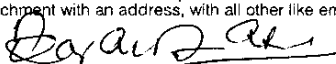
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name ANWAR KARAMAT Street Address (P.O. Box Number is Not Acceptable) 1714 N. GOLDENROD ROAD SUITE C-2 City ORLANDO FL Zip Code 32807
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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 	ANWAR KARAMAT, PRESIDENT	03.22.2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KARAMAT, ANWAR 1929 CHATHAMMOOR DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KARAMAT, NILOFUR 1929 CHATHAMMOOR DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAMAT, FAISAL 1929 CHATHAMMOOR DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAMAT, ADIL 1929 CHATHAMMOOR DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAMAT, ZARMINA 1929 CHATHAMMOOR DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAMAT, OSAMA 1929 CHATHAMMOOR DR. ORLANDO, FL 32835 <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: 	ANWAR KARAMAT	03.22.2007 (407) 963-3217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		