2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161418

Entity Name: STONE UNITED, INC,

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

651 NW ENTERPRISE DRIVE 849 SW BILTMORE ST

PORT SAINT LUCIE, FL 34983

PORT SAINT LUCIE, FL 34986

New Mailing Address: Current Mailing Address:

651 NW ENTERPRISE DRIVE 849 SW BILTMORE ST

PORT SAINT LUCIE, FL 34986 PORT SAINT LUCIE, FL 34983

FEI Number: 20-4023624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTENEGRO, CASSIE MONTENEGRO, CASSIE 2021 SW AMERICANA STREET 10042 SW CHADWICK DR PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34986 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: 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition MONTENEGRO, CASSIE MONTENEGRO, CASSIE Name: Name: 2021 SW AMERICANA STREET 10042 SW CHADWICK DR Address: Address:

City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VPD () Delete Title: () Change () Addition

Name: LANTIGUA, GEOVANNY Name: 1397 SW ACKARD AVE Address: Address: PORT SAINT LUCIE, FL 34953 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: CASSIE MONTENEGRO 04/29/2009