2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM **Secretary of State** DOCUMENT # P05000162104 STONE EDGE INC. Principal Place of Business Mailing Address 725 JACARANDA ST. 725 JACARANDA ST. MERRITT ISLAND, FL. 32952 MERRITT ISLAND, FL 32952 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 40-3895296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, ROBERT DO NOT WRITE 725 JACARANDA ST. MERRITT ISLAND, FL 32952 IN THIS SPACE 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 Signature, typed or printed name of registero(Facon) and little if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000783072 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 01/15/08-80100-010 150.**oo** 10. OFFICERS AND DIRECTORS TITLE NAME YOUNG, ROBERT STREET ADDRESS 725 JACARANDA ST. CITY - ST - ZIP MERRITT ISLAND, FL 32952 TITLE BAUTISTA, FRANCISCO NAME STREET ADDRESS 2655 RAINTREE LAKE CIRCLE CITY-ST-ZIP MERRITT ISLAND, FL 32953 THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 eath, 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:

STREET ADDRESS CITY-ST-ZIP

MOLT FOUNG

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1Jan 08

321.784.1010

Daytime Phone #

FILED