

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90067 021 ***150.00

DOCUMENT # P06000038639 1. Entity Name GLOBAL STONEWORKS, INC.					
Principal Place of Business 6084 STEVENSON DR #304 ORLANDO, FL 32835			Mailing Address 6084 STEVENSON DR #304 ORLANDO, FL 32835		
2. Principal Place of Business - No P.O. Box # 623 First Cape Coral DR			3. Mailing Address 623 First Cape Coral DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Winter Garden FL			City & State Winter Garden FL		
Zip 34787		Country USA		4. FEI Number 20-8725392	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MACARTHUR, GREGORY M 6084 STEVENSON DR #304 ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name MACARTHUR, Gregory M Street Address (P.O. Box Number is Not Acceptable) 623 First Cape Coral DR City Winter Garden FL Zip Code 34787		
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 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD MACARTHUR, GREGORY M 6084 STEVENSON DR #304 ORLANDO, FL 32835 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACARTHUR, Gregory M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 First Cape Coral DR Winter Garden, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAVARES, LUCIANE F <input type="checkbox"/> Delete 6084 STEVENSON DR #304 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAVARES, LUCIANE F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 First Cape Coral DR Winter Garden FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVARES, LUCEA A D <input type="checkbox"/> Delete AV MARCIO EGIDIO DE SOUZA ARANHA N 30 JD IPAUSURAMA CAMPINAS BRAZIL,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: President 4/30/07 407 579-0982 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					