2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097773

Entity Name: CENTRAL STONE, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3172 SKYWAY CIRCLE SUITE 3 MELBOURNE, FL 32934 **New Mailing Address: Current Mailing Address:** 1779 S PATRICK DR INDIAN HARBOUR BEACH, FL 32937 FEI Number: 56-2601057 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: DELLI, MASSIMILIANO 3172 ŚKYWAY CIR SUITE 3 MELBOURNE, FL 32934 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAFIERO, ROBERT Name: Name: 2980 ALBERTA CT Address: Address: City-St-Zip: MELBOURNE, FL 32835 City-St-Zip: Title: VPD Title: VPD (X) Change () Addition () Delete Name: CASAMASSIMA, NICHOLAS Name: CASAMASSIMA, NICHOLAS 1473 CASA RD RIDGELAKE DRIVE Address: Address: MELBOURNE, FL 32940 MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition DELLI, MASSIMILIANO Name: Name: 484 CALAMONDIN AVE Address: Address: City-St-Zip: PALM BAY, FL 32097 City-St-Zip: Title: TD () Delete Title: (X) Change () Addition DELLI, GIORGIO DELLI, GIORGIO Name: Name: Address: 5149 WATER LILLY WAY Address: 1020 POPE STREET City-St-Zip: FT PIERCE, FL 34891 City-St-Zip: PALM BAY NW, FL 32907

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.

SIGNATURE: ROBERT CAFIERO PD 04/07/2009