2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 13, 2007 8:00 am Secretary of State

DOCUMENT # P06000105082 1. Entity Name NATURAL STONE COLLECTION, INC.								03-26-200	07 900	70 042 **	*150.00
Principal Place of Business				Mailing Address			1 _				
445 STAN DR #1			#1	445 STAN DR #1			6	6020867	,		
MELBOURNE, FL 32904 US				MELBOURNE, FL 32904 US					l iii nai		
2. Principal Place of Business - No P.O. Box #			3. Mi	3. Maiting Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			03092007	Chg-P	CR2E	(034 (12/06)	
City & State			Cit	City & State			4. FEI Number	- 5374/o	ク		opiled For ot Applicable
Zip	Country		Zip	Zip Coun		try		of Status Desired	0	\$8.75 Ad	
6. Name and Address of Current Registered Agent						News	7. Name and	Address of New R	egistered	Agent	
MEDINA, YESID						Name					
445 STAN DR #1					Street Address (P.O. Box Numbe	er is Not Acceptable	···			
MELBOURNE, FL 32904					City				Zip Cod	le .	
8. The above	named entit	v submits this statemen	1 for the our	roose of changing its	registere		red agent or hot	h in the State of Flo	Fl	<u> </u>	
 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									DATE	-	
FILE NOWITI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees											
10.	CNICZ	OFFICERS AN	ND DIRECT		11.		ADDITIONS/	CHANGES TO OFF	CERS AN		
TITLE HAME	PVST □ Delete: mm. MEDINA, YESID NA									Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	F					ET ACORESS -ST-ZIP					
TITUE	MICCEGO	RIVE, FE 32304		☐ Delete	TITL!					☐ Change	Addition
NAME STREET ADDRESS					KWW	E Et adoress					_
CITY-ST-ZIP					-	-ST-72P					
TITLE				Oelsta	INTL.	•				Change	Addition
STREET ADDRESS					SIM	ET ADDRESS					
TITLE			_	☐ Delete	ตาง กาม	-\$1-ZIP			-	☐ Change	Addition
HANE				□ veede	NAM	ŧ				[] 0.m.#s	
STREET ADDRESS CXTY-\$1-ZIP						ET ADDRESS -ST-ZIP					
TITLE NAME				☐ Deleta	TITU NAM	II				Costa	Addition
STREET ADDRESS					STRE	ET ADORESS					
CITY-ST-ZP				Delete	TITLE	-51-29				☐ Change	☐ Addition
HAME					NAM	ε					
STREET ADDRESS CITY-ST-ZIP)			-ST-ZIP					
12. I hereby	certify that t	e information supplied v	with this filling	ng does not qualify fo	or the ex	emptions contained	d in Chapter 119	, Florida Statutes. I	further co	rtify that the i	nformation r or director
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 ceth; that I am an officer or director of the corporation or the receiver or trusted 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 additional like empowered.											
SIGNATURE: YES DE DINA P 03/09/07											