


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000143288	
1. Entity Name STONE GENIUS, INC.	

FILED

07 MAY 31 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6463 ARIZONA STREET BROOKSVILLE, FL 34604	Mailing Address 6463 ARIZONA STREET BROOKSVILLE, FL 34604
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2. Principal Place of Business - No P.O. Box # 13049 Oneida St Suite, Apt. #, etc.	3. Mailing Address 13049 Oneida St Suite, Apt. #, etc.
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05172007 Chg-P CR2E034 (12/06)

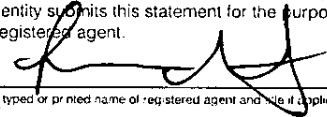
City & State Spring Hill, FL Zip 34609 Country U.S.	City & State Spring Hill, FL Zip 34609 Country U.S.
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4. FEI Number 20-5907526	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ, FRANCISCO J 6463 ARIZONA STREET BROOKSVILLE, FL 34604	
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7. Name and Address of New Registered Agent Name JASON DAVILA Street Address (P.O. Box Number is Not Acceptable) 13049 Oneida Street City Spring Hill FL Zip 34609	
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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  DATE 05/21/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, FRANCISCO J 6463 ARIZONA STREET BROOKSVILLE, FL 34604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVILA, JASON 13049 ONEIDA STREET SPRING HILL, FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMUDEZ, ISMAEL 15709 COUNTRY LANE SPRING HILL, FL 34610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000104424810 05/15/07--01025--008 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE: 	DATE: 05/21/07 (813) 966-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE DAYTIME PHONE #