2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Modifical Authorities Modi	DOCUMENT # P07000049329 1. Entity Name DROP STONE INC						04-28-2008 9	0409 02	21 ***158	.75
EARLY NOTE CARE C	Principal Plac	e of Business	Mailing Address							
2. Principal Paco of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	6666 43RD AVE S		•			: 195, Mary				
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Solution	City & State		City & State							
Name and Address of Current Registered Agent Name Na	Zip Country		Zip Coun		try			X	\$8.75 Add	litional
MCCORD, DOUGLAS R 6866 43RD AVE S LAKE WORTH, FL 33463 City FL Zip Code	_	6 Name and Address of Curren	t Paristared Arent	<u> </u>		7 Name and	Address of New Ro			<u> </u>
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LAKE WORTH, FL 33463 City FL Zip Code E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roride. I am tamiliar with, and accept the obligations of registered agent. Signature: FILE NOW!!! FEE is \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE SIREST ADDRESS OITY-ST-2P TITLE MA					0	806 11				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Incident Incide					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Incident Incide										
SIGNATURE Signature Trust Fund or printed agent and date Appet and				i	City	FL Zip Code				
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After May 1, 2008 Feo; will be \$550.00 10.	SIGNATURE_	Signature, typed or printfelt reme of registered age	and title if applicable (NOTI	F Pagistara	d Anest signature required	1 when reinetation)		DATE		
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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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCCORD, DOUGLAS R	Trust Fund Cont Delete Delete Delete Delete	TITLE NAME STREE CITY.	Add E E ET ADORESS -ST-ZIP E E T ADDRESS -ST-ZIP E E T ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADORESS -ST-ZIP	ed to Fees	CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5743-7643