## 2008 FOR PROFIT CORPORATION

## FILED Feb 13, 2008 8:00 am Secretary of State

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DOCUMENT # P07000092378  1. Entity Name STONEHOUSE EVENTS & MORE, INC.						02-13-2008	-			
Principal Plac	ce of Business	Mailing Address			1					
	ESS BROOK ROAD	9602 CYPRESS BROOK F	OUVD		]					
TAMPA, FL		TAMPA, FL. 33647	עאט							
I IACIEA, EL	33047	(AHFA, FL 3304)								
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
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Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.							
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City & State		City & State	City & State		4. FEI Numbe	er		Ar	plied For	
		1., 2 1			26	0741855		<del></del>	t Applicable	
Zip	Country	Zip	Country					\$8.75 Ack		
					5. Certificate	of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R		<del> </del>		
				18						
STONEHOUSE, CYNTHIA										
9602 CYPRESS BROOK ROAD			Stre	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33647										
			City	•			FL	Zip Cod	е	
<u> </u>										
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.									and accept	
li o obliga	north of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent s	agnature required	1 when reinstating)		DATE			
1		O Flories Commis	. =							
	.E NOWIII  FEE IS \$150.00 lay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		.C.∉ bbA □	.00 May Be ed to Fees					
	ay 1, 2006 Fee will be \$550.	.00								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	President Secretary, Trea	SWEY Delete	TITLE					Change	☐ Addition	
NAME		• •	NAME							
STREET ADDRESS	Cynthia Stonenouse 1402 Cypress Brooked	173	STREET ADDRE	ss						
CHY-ST-ZIP	HUOZ CYPICOS BITOOKKO	lamport 3364/	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME	l						
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CITY-ST-ZIP			CITY-ST-ZIP							
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STREET ADDRESS			STREET ADDRE	ess						
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STREET ADDRESS		☐ Delete	TITLE	:55				☐ Change	☐ Addition	
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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 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: Cynthia Standause Cynthia Stanehouse 3/11/08 813-973-9834