


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P34654

1. Entity Name
 ARCHITECTURAL STONE IMPORTS, INC.



Principal Place of Business Mailing Address

301 FOOTHILLS PL 301 FOOTHILLS PL
 CHELSEA, AL 35043 US CHELSEA, AL 35043 US

DO NOT WRITE IN THIS SPACE



D1092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 63-1033563 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, THOMAS W.
 1206 MANATEE AVENUE, WEST
 BRADENTON, FL 34205

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000385546
 01/18/06-80021-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PCD |
| NAME | DELOACH, JAMES |
| STREET ADDRESS | 1644 KAHATCHEE LOOP |
| CITY-ST-ZIP | CHILDERSBURG, AL |
| TITLE | STD |
| NAME | DELOACH, DOROTHY B. |
| STREET ADDRESS | 1644 KAHATCHEE LOOP |
| CITY-ST-ZIP | CHILDERSBURG, AL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: [Signature] PRES 1/9/06 205-678-0538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #