2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

I hereby certify that the indicated on this report of the corporation or if changed, or on an

SIGNATURE

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # P93000086849 1. Entity Name 03-14-2006 90017 007 ***150.00 STONE-TECH-INT'L-MARBLE & GRANITE.INC. Principal Place of Business Mailing Address 7435 CENTRAL INDUSTRIES DRIVE STE B 7435 CENTRAL INDUSTRIES DRIVE STE B WEST PALM BEACH FL 33404 WEST PALM BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0471109 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIOVANNI, BRIGUGLIO Street Address (P.O. Box Number is Not Acceptable) 104 RIDGE ROAD JUPITER FL 33477 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ŧ FINOT Change ■ Addition RILE Oelele TITLE GIOVANNI, BRIGUGLIO NAME NAME STREET ADDRESS STREET ADDRESS 104 RIDGE RD CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33477 Addition Change TITLE TITLE ☐ Delete Josephine A. BRIGUGLIO 104 RIDGE RD Jupiter PL 33477 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP comparison supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 eclever 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 intent with an address, with all other like empowered.

GIOVANNI BRIGUGLIO 4-6-06 561-840-9669
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Date: Dayloric Phone *

FILED