2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P94000043605

Entity Name: STONECREST DISTRIBUTORS, INC.,

Current Principal Place of Business:

150 N. 1ST STREET
MACCLENNY, FL 32063

New Principal Place of Business:

6450 ARBUTUS AVENUE
WEEKI WACHEE, FL 34607 US

Current Mailing Address:

P.O. BOX 1228
MACCLENNY, FL 320631228

New Mailing Address:

6450 ARBUTUS AVENUE
WEEKI WACHEE, FL 34607 US

FEI Number: 59-3254976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, ROGER J
150 N. 1ST STREET
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

DAVIDSON, ROGER J
6450 ARBUTUS AVENUE
WEEKI WACHEE, FL 34607 US

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.

SIGNATURE: 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIDSON, JUDITH E
Address: 150 N. 1ST STREET
City-St-Zip: MACCLENNY, FL 32063

Title: VP ( ) Delete
Name: DAVIDSON, ROGER J
Address: 150 N. 1ST STREET
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVIDSON, JUDITH E
Address: 6450 ARBUTUS AVENUE
City-St-Zip: WEEKI WACHEE, FL 34607 US

Title: VP (X) Change ( ) Addition
Name: DAVIDSON, ROGER J
Address: 6450 ARBUTUS AVENUE
City-St-Zip: WEEKI WACGEE, FL 34607 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH E. DAVIDSON P 04/25/2005
Electronic Signature of Signing Officer or Director — Date