


\$150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000098337</b> 1. Entity Name BLOOD FROM A STONE, INC.	
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Principal Place of Business 5201 RAVENSWOOD ROAD SUITE 111 FT. LAUDERDALE, FL 33312	Mailing Address 5201 RAVENSWOOD ROAD SUITE 111 FT. LAUDERDALE, FL 33312
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FILED  
05 MAR 25 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0719407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JOSEPH F. WHITEHEAD, P.A. 5201 RAVENSWOOD ROAD SUITE 111 FT. LAUDERDALE, FL 33312
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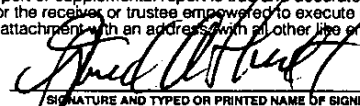
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ <small>* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE: _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHULTZ, JARED 5201 RAVENSWOOD ROAD, #111 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

600049917606 04/05/05--01054--024 **650.00  Bull  <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 another line empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 3/21/05 Daytime Phone #