


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90229 025 ***150.00

DOCUMENT # P97000085239		
1. Entity Name UNIQUE STONE IMPORTS, INC.		

Principal Place of Business 389 E STATE ROAD 434 LONGWOOD, FL 32750 US	Mailing Address 389 E STATE ROAD 434 LONGWOOD, FL 32750 US
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50020326



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

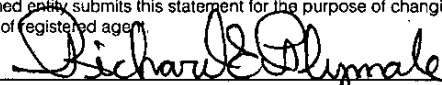
01042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3473566	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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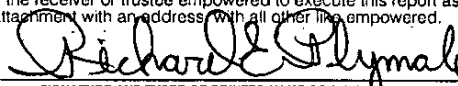
6. Name and Address of Current Registered Agent	
PLYMALE, RICHARD E 101 ARHCERS POINT LONGWOOD, FL 32779	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1155 Charles Street # 135	
City Longwood	FL Zip Code 32750

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: 	DATE: 2-25-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLYMALE, RICHARD E 101 ARCHERS POINT LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Treasurer Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 1155 Charles St # 135 Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANDANI, LISA 101 ARCHERS POINT LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vanessa Garrett 1155 Charles St # 135 Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALADO, GEORGE 1020 NORTH STREET LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Albert Guillemette 389 E SR 434, Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONG, JOHN 2386 YOUNG HARRIS HWY BLAIRSVILLE, GA 30512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONG, CATHY 2386 YOUNG HARRIS HWY BLAIRSVILLE, GA 30512 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.	
SIGNATURE: 	DATE: 2-25-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	