

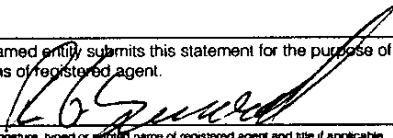
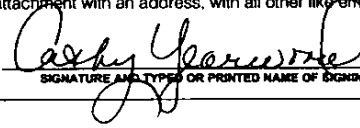


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 049 ***150.00

DOCUMENT # P98000022602 1. Entity Name R GRANITE & MARBLE FABRICATION, INC.					
Principal Place of Business 715-1 WHITNEY AVE LANTANA, FL 33462			Mailing Address 715-1 WHITNEY AVE LANTANA, FL 33462		
2. Principal Place of Business 719 Whitney Ave. Suite, Apt. #, etc. Ste. 6 City & State Lantana, FL. Zip 33462		3. Mailing Address 719 Whitney Ave. Suite, Apt. #, etc. Ste. 6 City & State Lantana, FL. Zip 33462			
4. FEI Number 65-0820580		Applied For <input type="checkbox"/> Not Applicable		04242006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YEARWOOD, REGINALD G 715-1 WHITNEY AVE LANTANA, FL 33462			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 719 Whitney Ave., Ste. 6 City FL Zip Code		
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) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YEARWOOD, REGINALD G 715-1 & 2 WHITNEY AVE. LANTANA, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YEARWOOD, CATHY L 715- 1 & 2 WHITNEY AVE. LAKE WORTH, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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:  CATHY Yearwood 4/23/06 (561) 547-9333 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					