2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 19, 2006 08:00 AN **DOCUMENT # P99000042585 Secretary of State** 1. Entity Name SAVAGE STONE CORP. Principal Place of Business Mailing Address 732 SOUTH 8TH STREET 732 SOUTH 8TH STREET FERNANDINA, FL 32034 FERNANDINA, FL 32034 06152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3575642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVAGE, BRENDA S DO NOT WRITE 732 SOUTH 8TH STREET FERNANDINA, FL 32034 IN THIS SPACE 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 Signature, twoed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SAVAGE, JAMES W JR NAME **732 S 8 STREET** STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 TITLE 000000567302 06/19/06-80002-006 158.75 SAVAGE, BRENDA NAME **732 S 8 STREET** STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

6/15/06

904-271-3524

FILED

Daytime Phone &