

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102107

FILED
Apr 07, 2005
Secretary of State

Entity Name: THE STONEHEDGE GROUP, INC. - VIII

Current Principal Place of Business:

P.O. BOX 566777
MIAMI, FL 33256

New Principal Place of Business:

P.O. BOX 1391
ORLANDO, FL 32802

Current Mailing Address:

P.O. BOX 566777
MIAMI, FL 33256

New Mailing Address:

P.O. BOX 1391
ORLANDO, FL 32802

FEI Number: 06-1569340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
914 MATANZAS AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE
1500
ORLANDO, FL 32801 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: GARY D. LIPSON

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: REC () Delete
Name: LIPSON, GARY D
Address: 914 MATANZAS AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: REC (X) Change () Addition
Name: LIPSON, GARY D
Address: P.O. BOX 1391
City-St-Zip: ORLANDO, FL 32802

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: GARY D. LIPSON

REC

04/07/2005

Electronic Signature of Signing Officer or Director

Date