


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90037 014 \*\*\*150.00

<b>DOCUMENT # S67893</b>		
1. Entity Name STICKS 'N STONES, INC.		

Principal Place of Business	Mailing Address
2154 ZIP CODE PLACE 4-A W PALM BEACH, FL 33409 US	2154 ZIP CODE PLACE 4-A W PALM BEACH, FL 33409 US

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ELBLONK, IRA  
1030 LAKE AVENUE  
SUITE C  
LAKE WORTH, FL 33409

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIEGUEZ, VICTOR
STREET ADDRESS	P.O. BOX 15376
CITY-ST-ZIP	WEST PALM BEACH, FL 33416
TITLE	V <b>X DELETE</b>
NAME	HARROD, MARCIA
STREET ADDRESS	14930 S.W. 141ST PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	David Shatunoff <b>X ADD</b>
NAME	8822 Estate Dr
STREET ADDRESS	West Palm Bch FLA 33411
CITY-ST-ZIP	
TITLE	↑ Vice president
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Victor Dieguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_