2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State DOCUMENT # V56142 STONE'S ROSE GARDENING, INC. Principal Place of Business Malling Address 11020 SW 57 STREET 11020 SW 57 STREET FORT LAUDERDALE, FL 33328 FORT LAUDERDALE, FL 33328 No Chg-P 05012006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0350891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STONE, ROGER DO NOT WRITE 11020 SW 57 STREET FORT LAUDERDALE, FL 33328 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STONE, ROGER NAME STREET ADDRESS 11020 SW 57 STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33328 000000580726 05/18/06-80052-004 150.**00** 717/ F NAME STREET ADDRESS CITY-SY-7IP TITLE SCREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS City-St-Zip MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 a empowered.

SIGNATURE:

STREET ADDRESS CUTY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SYGNING OFFICER OR DIRECTOR