## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2007 08:00 AM Secretary of State DOCUMENT # V56142 STONE'S ROSE GARDENING, INC. Principal Place of Business Mailing Address 11020 SW 57 STREET 11020 SW 57 STREET FORT LAUDERDALE, FL 33328 FORT LAUDERDALE, FL 33328 US No Chg-P CR2E034 (11/05) 04032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0350891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STONE, ROGER 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 000000697353 04/18/07-80062-005 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST TITLE STONE, ROGER NAME STREET ADDRESS 11020 SW 57 STREET FORT LAUDERDALE, FL 33328 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 the 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 thereever 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 addless, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-06-07 954-252-072

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