
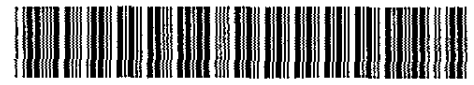


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J74003</b> 1. Entity Name <b>QUIET FLIGHT SURF SHOP, INC.</b>	
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Principal Place of Business <b>109 NORTH ORLANDO AVE. COCOA BEACH FL 32931</b>	Mailing Address <b>109 NORTH ORLANDO AVE. COCOA BEACH FL 32931</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2168689**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEASURE, EDWARD  
109 N. ORLANDO AVE.  
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P LEASURE, EDWARD	<input type="checkbox"/>
NAME	109 NORTH ORLANDO AVE.	
STREET ADDRESS	COCOA BEACH FL	
CITY-ST-ZIP		
TITLE	V LEASURE, JAMES	<input type="checkbox"/>
NAME	109 NORTH ORLANDO AVE.	
STREET ADDRESS	COCOA BEACH FL	
CITY-ST-ZIP		
TITLE	ST LEASURE, JAMES E.	<input type="checkbox"/>
NAME	109 NORTH ORLANDO AVE.	
STREET ADDRESS	COCOA BEACH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
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 Section 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:** Ed L 2/4/06 (407) 935-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #