

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P01000047928

1. Entity Name
9195 SURFSIDE CONSULTANTS, INC.



Principal Place of Business
1030 N. CLARK STREET, STE. 300
CHICAGO, IL 60610 US

Mailing Address
1030 N. CLARK STREET, STE. 300
CHICAGO, IL 60610 US



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4443454	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

1000000654199

03/13/07-80052-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOULETAS, NICHOLAS S
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	DP
NAME	GOULETAS, STEVEN
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	V
NAME	CADDEN, JOHN
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	S
NAME	DIBENEDETTO, ANTHONY R
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	T
NAME	SCHWARK, JAMES
STREET ADDRESS	1030 N. CLARK STREET, STE. 300
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: *Anthony R. DiBenedetto* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-18-07 Daytime Phone #: 312-595-4714