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Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90025 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V07179

1. Entity Name
BOB & PAULA'S SURF SHOP, INC.

40044567

Principal Place of Business	Mailing Address
4117 GARVAN DR MYRTLE BEACH, SC 29579 US	4117 GARVAN DR MYRTLE BEACH, SC 29579 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4117 GIRVAN		4117 GIRVAN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3126697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELOTE, CHARLES L 350 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, PAULA 4117 GARVAN DR MYRTLE BEACH, SC 29579	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4117 GIRVAN	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANDT, ROBERT C. 4117 GARVAN DR MYRTLE BEACH, SC 29579	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4117 GIRVAN	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert C. Brandt ROBERT C. BRANDT 3-26-2007 973-600-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #