

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90248 042 \*\*\*158.75

<b>DOCUMENT # F04000001600</b> 1. Entity Name <b>DEFARGO SPORTS SURFACES INC.</b>					
Principal Place of Business <b>1 CHISHOLM TRAIL OLD TOWN SQUARE, STE. 400 ROUND ROCK, TX 78781</b>			Mailing Address <b>1 CHISHOLM TRAIL OLD TOWN SQUARE, STE. 400 ROUND ROCK, TX 78781</b>		
2. Principal Place of Business <b>350 CR 255</b> Suite, Apt. #, etc. <b>Georgetown, TX</b> City & State		3. Mailing Address <b>350 CR 255</b> Suite, Apt. #, etc. <b>Georgetown TX</b> City & State			
Zip <b>78628</b> Country <b>USA</b>		Zip <b>78628</b> Country <b>USA</b>		01102006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>52-2307841</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBERTS, RICHARD W 7034 HANGING VINE WAY TALLAHASSEE, FL 32317-8518</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>[Signature]</i></u> <b>Vice President</b> DATE <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LECLAIR, SYLVAIN</b> <b>70 PIERRE VEZINA</b> <b>ST JEAN SUR RICHELIEU, CANAD,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2249 Rue Brunelle</b> <b>Carignan, Quebec J3L 3P9 Canada</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PHAN, PARTICK</b> <b>69 AVENUE DE L'ATRE</b> <b>ST JEAN SUR RICHELIEU CANADA,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2249 Rue Brunelle</b> <b>Carignan Quebec J3L 3P9 Canada</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LATULIPPE, JOSEE</b> <b>70 PIERRE VEZINA</b> <b>ST JEAN SUR RICHELIEU CANADA,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2249 Rue Brunelle</b> <b>Carignan, Quebec J3L 3P9 Canada</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EDIGER, RICHARD</b> <b>2613 IZORO BEND</b> <b>CEDAR PARK, TX 78613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/10/06</u> Daytime Phone # <u>512-778-6170</u>		