## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42232

FILED Jan 03, 2006 Secretary of State

Entity Name: SURF ENTERPRISES OF MERRITT ISLAND, INC.

Current Principal Place of Business:  255 MANOR DRIVE MERRITT ISLAND, FL 32952 US  Current Mailing Address:  P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  PEI Number: 59-2122034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X.)  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  THODEY, JR., CLYDE A P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Name: THODEY, CLYDE A, JR., Address: P.O. BOX 540993  City-St-Zip: MERRITT ISLAND, FL 32954 US					
MERRITT ISLAND, FL 32952 US  Current Mailing Address:  P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  FEI Number: 59-2122034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X:  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  THODEY, JR., CLYDE A P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Electronic Signature of Regi	Current P	rincipal Place of Bu	siness:	New Principal Place	of Business:
P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  FEI Number: 59-2122034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  Name and Address of Current Registered Agent:  THODEY, JR., CLYDE A P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE:  Name: THODEY, CLYDE A, JR, Name: Address: P.O. BOX 540993			US	UNIT 1	. 32952 US
MERRITT ISLAND, FL 32954 US  FEI Number: 59-2122034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X; Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  THODEY, JR., CLYDE A P.O. BOX 540993  MERRITT ISLAND, FL 32954 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS ( ) Change ( ) Addition Name:  THODEY, CLYDE A, JR, Name: Address: P.O. BOX 540993	Current M	ailing Address:		New Mailing Address	s:
Name and Address of Current Registered Agent:  THODEY, JR., CLYDE A P.O. BOX 540993  MERRITT ISLAND, FL 32954 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date			US		
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P.O. BOX 540993 MERRITT ISLAND, FL 32954 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Name and	Address of Curren	t Registered Agent:	Name and Address of	of New Registered Agent:
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: P.O. BOX 540993 Address: City-St-Zip: MERRITT ISLAND, FL 32954 US  Title: S ( ) Delete Title: ( ) Change ( ) Addition Name: Address: P.O. BOX 540993 Address: City-St-Zip: MERRITT ISLAND, FL 32954 US  Title: S ( ) Delete Title: ( ) Change ( ) Addition Name: Address: P.O. BOX 540993 Address: Address: Address: P.O. BOX 540993 Address: Address: P.O. BOX 540993 Address:	P.O. BOX: MERRITT The above in the State	540993 ISLAND, FL 32954 named entity submit of Florida.		urpose of changing its registere	d office or registered agent, or both,
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: P () Delete Title: () Change () Addition Name: Name: Address: P.O. BOX 540993 Address: City-St-Zip: MERRITT ISLAND, FL 32954 US  Title: S () Delete Title: () Change () Addition Name: Name: THODEY, JUDY A Name: Address: P.O. BOX 540993 Address: P.O. BOX 540993 Address:			nature of Registered Age	nt	Date
Title:         P         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         THODEY, CLYDE A, JR,         Name:           Address:         P.O. BOX 540993         Address:           City-St-Zip:         MERRITT ISLAND, FL 32954 US         City-St-Zip:           Title:         S         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         THODEY, JUDY A         Name:           Address:         P.O. BOX 540993         Address:	Election Car	npaign Financing Trust	Fund Contribution ( ).		
Name:         THODEY, CLYDE A, JR,         Name:           Address:         P.O. BOX 540993         Address:           City-St-Zip:         MERRITT ISLAND, FL 32954 US         City-St-Zip:           Title:         S () Delete         Title: () Change () Addition           Name:         THODEY, JUDY A         Name:           Address:         P.O. BOX 540993         Address:	OFFICERS	S AND DIRECTORS	:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Name: THODEY, JUDY A Name: Address: P.O. BOX 540993 Address:	Name: Address:	THODEY, CLYDE A, JR P.O. BOX 540993		Name: Address:	( ) Change ( ) Addition
	Name: Address:	THODEY, JUDY A P.O. BOX 540993	32954 US	Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE A. THODEY JR. PRES 01/03/2006