## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED ANNUAL REPORT** Jan 11, 2007 08:00 AM DOCUMENT # G14514 **Secretary of State** SURROUNDINGS BY DAVE, INC. Principal Place of Business Mailing Address Codavida kozdra % DAVIDA KOZOFIA 790 VOOELLEAVE 790 VOOELEAVENLE SEBASTIAN FL 32958 **SEBASTIAN FL 32958** CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2247020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOZDRA, DAVID A. DO NOT WRITE 790 VOCELLE AVENUE SEBASTIAN, FL 32958 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 Fforida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME KOZDRA, DAVID A STREET ADDRESS 790 VOCELLE AVENUE CITY-ST-ZIP SEBASTIAN, FL 32958. TITLE 01/12/07-80006-020 **158.75** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE BILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

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 title empowered.

SIGNATURE: DAULD A. KOZDE

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

KOZDRA