

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2008  
Secretary of State**

DOCUMENT# N07000012010

Entity Name: EAST COAST SURF MUSEUM, INC.

**Current Principal Place of Business:**

319 CYPRUS DRIVE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

319 CYPRUS DRIVE  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 26-1585923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SASSO, TONY  
319 CYPRUS DRIVE  
COCOA BEACH, FL 32931      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: O'HARE, SEAN  
Address: 1250 SOUTH ATLANTIC AVE.  
City-St-Zip: COCOA BEACH, FL 32931

Title: D            ( ) Delete  
Name: SASSO, TONY  
Address: 319 CYPRUS DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: D            ( ) Delete  
Name: HUCHES, JOHN  
Address: 1772 ANGEL AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D            (X) Change ( ) Addition  
Name: HUGHES, JOHN  
Address: 1772 ANGEL AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /TONY SASSO/

D

04/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date