## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012010

City-St-Zip:

Entity Name: EAST COAST SURF MUSEUM, INC.

FILED Apr 13, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
	RUS DRIVE BEACH, FL 329	931				
Current Mailing Address:			New Maili	New Mailing Address:		
319 CYPRUS DRIVE COCOA BEACH, FL 32931			P.O. BOX 321453 COCOA BEACH, FL 32932			
FEI Number	: 26-1585923	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	ONY RUS DRIVE BEACH, FL 32	931 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( O'HARE, SEAN 1250 SOUTH A COCOA BEAC	TLANTIC AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( SASSO, TONY 319 CYPRUS I COCOA BEAC	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( HUGHES, JOH 1772 ANGEL A MERRITT ISLA	VENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition BILL IN BEACH BOULEVARD RBOUR BEACH, FL 32937	
Title: Name:	(	) Delete	Title: Name: Address:	D DE CARLO, 417 IBIS I A		

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.

City-St-Zip: SATELLITE BEACH, FL 32937

SIGNATURE: TONY SASSO D 04/13/2009