2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P00000090176 04-14-2005 90086 001 ***150 00 1. Entity Name SURFSIDE RESORT AND SUITES, INC. Principal Place of Business Mailing Address 251 S ATLANTIC AVE 251 S ATLANTIC AVE ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 2. Principal Place of Business 3. Mailing Address 3300 S.W. 14th Place 3300 S.W. 14th Place Suite, Apt. #, etc. Unit 3 Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3686624 Boynton Beach, FL Boynton Beach Not Applicable Country Country \$8.75 Additional 33426 5. Certificate of Status Desired Palm Beach 33426 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-William Berger SCHMIDT, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 251 S. ATLANTIC AVENUE <u>Greenspoon, Marder, ët. al</u> ORMOND BEACH, FL 32176 100 W. Cypress Creek Road City Ft. Lauderdale 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. (NOTE: Begistered 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, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS t0. 11. TITLE XX Delete TITLE ☐ Change Kevin Muller SCHMIDT, WILLIAM NAME NAME 3300 S.W. 14th Place, Unit 3 STREET ADDRESS 251 S.ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZP Boynton Beach, FL 33426 ITLE XX Delete TIT! F Director, VP, Treasurer ☐ Change XX Addition NAME DAILEY, WILLIAM NAME John Pennington STREET ADDRESS 251 S.ATLANTIC AVE STREET ADDRESS 3300 S.W. 14th Place Unit 3 Boyton Beach, FL 33426 CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP XX Delete President TITLE MLE ☐ Change XX Addition FFEEMAR, TOM NAME MAME Wes,Sattenfield STREET ADDRESS 251 S.ATLANTIC AVE STREET ADDRESS . 3300-SW 14th Place, Unit 3 CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP Boynton Beach, FI. ME ☐ Delete TELLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Daytime Phone #