2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092696

Entity Name: SUN N' SURF, INC.

Name:

Address:

City-St-Zip:

552 JOHN ANDERSON DR

ORMOND BEACH, FL 32176

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 125 OCEAN SHORE BOULEVARD ORMOND BEACH, FL 32176 **Current Mailing Address: New Mailing Address:** 125 OCEAN SHORE BOULEVARD ORMOND BEACH, FL 32176 FEI Number: 59-3682741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHENS, WILLIAM F 125 OCEAN SHORE BOULEVARD ORMOND BEACH, FL 32176 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition STEPHENS, MARY Name: Name: 125 OCEAN SHORE BOULEVARD Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: STEPHENS FISHER, CYNTHIA Name: STEPHENS FISHER, CYNTHIA 541 MORNING SUN DR APT 628 4 IVEY LANE Address: Address: FLAGLER BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: D BREECE, ANGELA K MOLINA, ANGELA K Name: Name: 2783 AMBERWOOD CT 2783 AMBERWOOD CT Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change () Addition EDWARDS, STEPHANIE

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA S FISHER **TRES** 04/28/2006