


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90152 020 \*\*\*150.00

<b>DOCUMENT # P01000024687</b>	
1. Entity Name 24-7 SURF, INC.	

Principal Place of Business 1700 WEST NEW HAVEN MELBOURNE, FL 32904	Mailing Address 1700 WEST NEW HAVEN MELBOURNE, FL 32904
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2. Principal Place of Business 777 E. MERMUTT IS. CAUSEWAY Suite, Apt. #, etc. # 328	3. Mailing Address 777 E MERMUTT IS. CAUSEWAY Suite, Apt. #, etc. # 328
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City & State MERMUTT ISLAND, FL	City & State MERMUTT ISLAND FL
Zip 32952	Zip 32952
Country USA	Country USA



05312006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  COCHRAN, WILLIAM G 1700 WEST NEW HAVEN MELBOURNE, FL 32904	
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4. FEI Number 59-3694694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: WILLIAM G. COCHRAN Street Address (P.O. Box Number is Not Acceptable) 777 E. MERMUTT ISLAND CAUSEWAY # 328 City: MERMUTT ISLAND FL Zip Code: 32952	

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: <u>William G Cochran</u> DATE: <u>5/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRAN, WILLIAM G 1700 WEST NEW HAVEN MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCHRAN, WILLIAM G. 777 E MERMUTT ISLAND CAUSEWAY # 328 MERMUTT ISLAND FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: <u>William G Cochran</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5/29/06</u> <u>321.459-3501</u> <small>Date Daytime Phone #</small>
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