

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 042 ***150.00

DOCUMENT # P01000075882 1. Entity Name HALLMARK SURFACE TECHNOLOGIES, INC.					
Principal Place of Business 2500 E. HALLANDALE BEACH BLVD. SUITE #707 HALLANDALE, FL 33009			Mailing Address 2500 E. HALLANDALE BEACH BLVD. SUITE #707 HALLANDALE, FL 33009		
2. Principal Place of Business 1851 NW 125 Ave Suite, Apt. #, etc. Suite 300			3. Mailing Address Suite, Apt. #, etc. City & State Pembroke Pines FL		
Zip 33028		Country USA		4. FEI Number 56-2266461	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SEGALL, E M 2500 E. HALLANDALE BEACH BLVD. SUITE #707 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Segall, E. M. Street Address (P.O. Box Number is Not Acceptable) 1851 NW 125 AVE Suite 300 City Pembroke Pines FL Zip Code 33028	
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 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. SEGALL, RONALD H 2500 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:			4/24/06 954-447-7775		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		