

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098316

Entity Name: UNIQUE SURFACES INC.

FILED
Jun 01, 2006
Secretary of State

Current Principal Place of Business:

3600 S. ORANGE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

4651 STURBRIDGE COURT
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3753395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIJON, RUBY
4651 STURBRIDGE COURT
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JIJON, RUBY
Address: 4651 STURBRIDGE COURT
City-St-Zip: ORLANDO, FL 32812

Title: PM () Delete
Name: JIJON, GEORGE
Address: 4651 STURBRIDGE COURT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RUBY JIJON

P

06/01/2006

Electronic Signature of Signing Officer or Director

_____ Date