2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099381

City-St-Zip:

FORT PIERCE, FL 34945

FILED Apr 18, 2005 Secretary of State

Entity Name: SURFSIDE ROCKSCAPES, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
13820 ORA FORT PIEF	NGE AVE RCE, FL 34945				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
13820 ORA FORT PIEF	NGE AVE RCE, FL 34945				
FEI Number:	65-1143882	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GILMORE, TIMOTHY A 5813 BIRCH STREET FORT PIERCE, FL 34945 US			MORROW, KIM M 13820 ORANGE AVE. FL. FORT PIERCE, FL 349	13820 ORÁNGE AVE.	
The above in the State		ubmits this statement for the pur	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: KIM M MORROW				04/18/2005	
	Electronic	Signature of Registered Agent	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E GILMORE, TIMO 5813 BIRCH AVE FT PIERCE, FL	i .	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I MORROW, MICH 13820 ORANGE FORT PIERCE, F	AVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	SD () I MORROW, KIM 13820 ORANGE	Delete AVE	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: KIM M MORROW SD 04/18/2005