

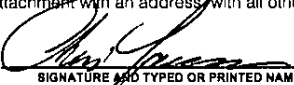


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000118104		
1. Entity Name FLORIDA CUSTOM SURFACES, INC.		
Principal Place of Business 895 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957	Mailing Address 895 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957	
DO NOT WRITE IN THIS SPACE		
02162008 No Chg-P CR2E034 (11/05)		
4. FEI Number 01-0561317		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LARSEN, CHRIS 3295 S.E. MONTE VISTA STREET PORT ST. LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>04-01-08</u> <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		U00000874044 04/10/08-80103-008 150.00
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	LARSEN, CHRIS	
STREET ADDRESS	879 NE DIXIE HIGHWAY #5	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  CHRIS LARSEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04-01-08</u> <small>Date</small> <small>Daytime Phone #</small>