04/28/2005 16:08 7277257663 SMITHFRE

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Secretary of State

05-02-2005 90433 021 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100564

1. Entity Name
SURF CLUB RESORT REAL ESTATE AND RENTAL, INC.

Principal Place of Business	Mailing Address
1415 FIRST STREET NORTH, #405 JACKSONVILLE BEACH, FL 32250	1415 FIRST STREET NORTH, #405 JACKSONVILLE BEACH, FL 32250

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5431 A1A South		5431 A1A South	
Suite, Apt. #, etc.: Suite #106		Suite, Apt. #, etc.: Suite #106	
City & State: St. Augustine, FL		City & State: St. Augustine, FL	
Zip: 32080	Country: USA	Zip: 32080	Country: USA

4. FEI Number: 52-2383952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET. SUITE 1800
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number Is Not Acceptable): 5431 A1A South
Suite #106

City: St. Augustine FL Zip Code: 32080

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 WEIN, NEIL 1415 FIRST STREET, NORTH #405 JACKSONVILLE, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5431 A1A South #106 St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Neil Wein Neil Wein 04/29/05 386-931-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #