

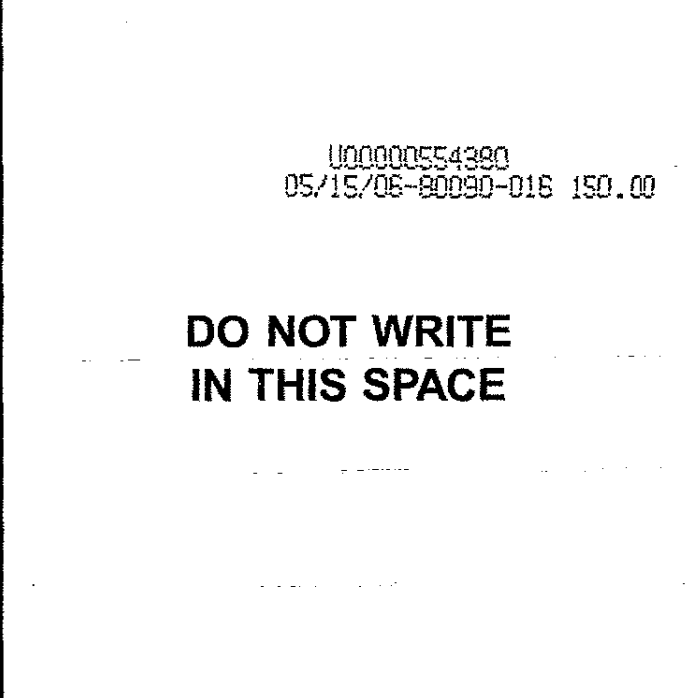
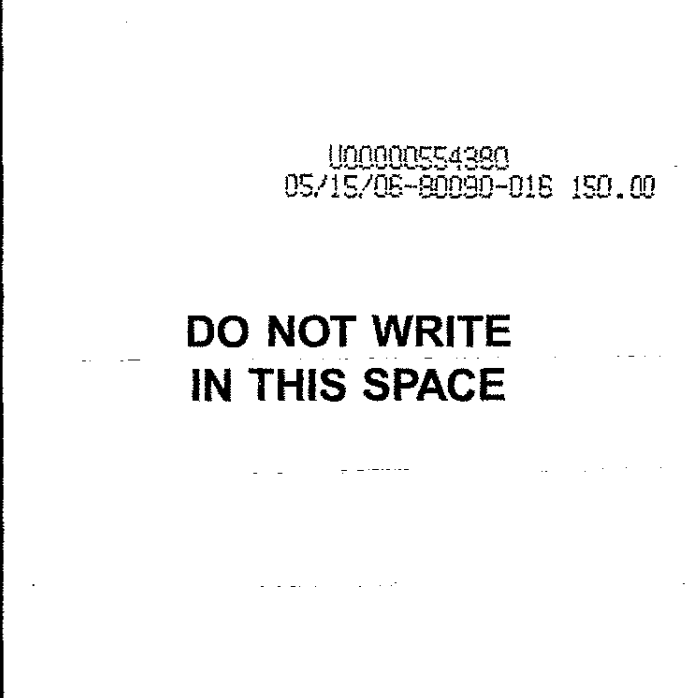
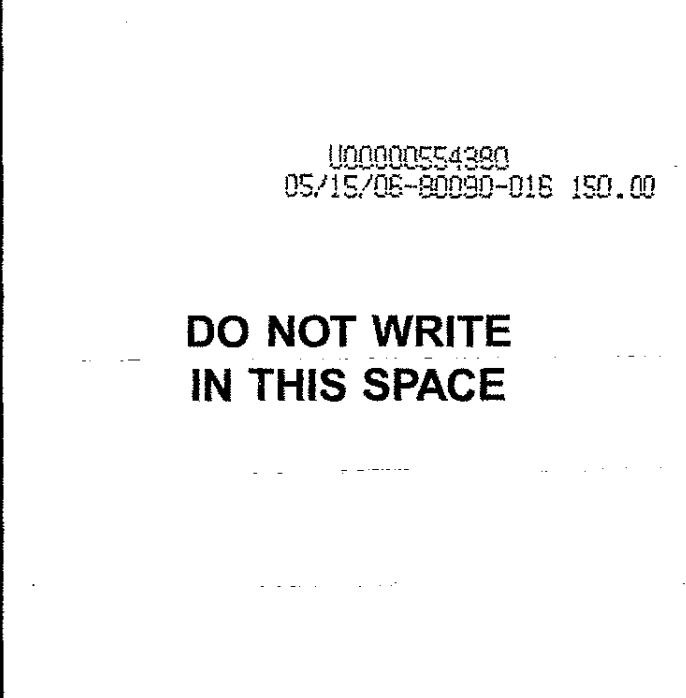
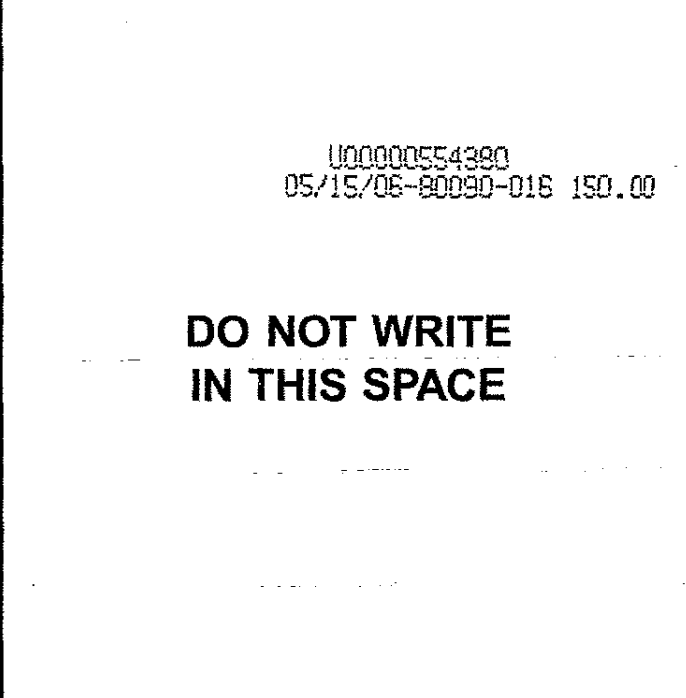


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P03000003403 1. Entity Name CLAY BENNETT SURFBOARDS, INC.			
Principal Place of Business 1089 ATLANTIC BLVD 29 ATLANTIC BEACH, FL 32233		Mailing Address 1089 ATLANTIC BLVD 29 ATLANTIC BEACH, FL 32233	
			
		03232006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 02-0662044	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BENNETT, CLAY 1089 ATLANTIC BLVD 29 ATLANTIC BEACH, FL 32233			
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 <u><i>Clay P Bennett</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-28-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</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			
TITLE	PD		
NAME	BENNETT, CLAY		
STREET ADDRESS	1228 9TH ST. NORTH		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		
TITLE	VTS		
NAME	BENNETT, SHERRY		
STREET ADDRESS	1226 9TH ST NORTH		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: <u><i>Clay P Bennett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-28-06</u> Daytime Phone # <u>333-9887</u>	