2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005363

City-St-Zip:

JACKSONVILLE, FL 32223 US

Entity Name: SURPLUS LIQUIDATION, INC

FILED Jan 22, 2006 Secretary of State

Entity Nan	ne: SURPLUS LI	QUIDATION, INC.					
Current Pr	incipal Place of I	Business:	New Princ	New Principal Place of Business:			
	MARCO BLVD. VILLE, FL 32207	US		ROOSEVELT BLV VILLE, FL 32210			
Current Ma	ailing Address:		New Maili	New Mailing Address:			
1316 SAN MARCO BLVD. JACKSONVILLE, FL 32207 US				4495-304 ROOSEVELT BLVD. #323 JACKSONVILLE, FL 32210 US			
FEI Number:	71-0928182 FI	El Number Applied For()	FEI Number Not Appl	icable () Ce	ertificate of Status De	sired ()	
Name and	Address of Curre	ent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1105 VALÉ JACKSON		US nits this statement for the pu	ırpose of changing i	ts registered offic	e or registered age	∍nt, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing Tru	st Fund Contribution ().					
OFFICERS	AND DIRECTOR	RS:	ADDITION	S/CHANGES TO	OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele SAPINSKI, THOMAS 1105 VALE ORCHAR JACKSONVILLE, FL	A RD LANE	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition		
Title: Name: Address: City-St-Zip:	SECT () Dele MICKLER, JAMES R 2525 MICHAELSON JACKSONVILLE, FL	WAY	Title: Name: Address: City-St-Zip:	SECT (X) Ch SAPINSKI, THOMA: 1105 VALE ORCHA JACKSONVILLE, F	ARD LANE		
Title: Name: Address:	TREA () Dele MICKLER, JAMES R 2525 MICHAELSON		Title: Name: Address:	TREA (X) Ch SAPINSKI, THOMA 1105 VALE ORCHA			

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.

City-St-Zip: JACKSONVILLE, FL 32207 US

SIGNATURE: THOMAS A. SAPINSKI PRES 01/22/2006