


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90002 050 \*\*\*150.00

**DOCUMENT # P03000035268**

1. Entity Name  
**SURROUNDINGS HOME COLLECTIONS INC.**



Principal Place of Business  
**698 E HEINBURG ST, STE 101  
 PENSACOLA, FL 32502 US**

Mailing Address  
**698 E HEINBURG ST, STE 101  
 PENSACOLA, FL 32502 US**

**50023201**



2. Principal Place of Business  
**518 N. 9th Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**518 N 9th Ave**  
 Suite, Apt. #, etc.

07212006 Chg-P CR2E034 (11/05)

City & State  
**Pensacola FL**

City & State  
**Pensacola, FL**

Zip  
**32502** Country

Zip  
**32502** Country

4. FEI Number  
**27-0052155**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PADICH, VALERIE  
 4430 HICKORY SHORES BLVD  
 GULF BREEZE, FL 30563**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	PADICH, GERALD T	4430 HICKORY SHORES BLVD	GULF BREEZE, FL 37563	<input type="checkbox"/>
P	PADICH, VALERIE	4430 HICKORY SHORES BLVD	GULF BREEZE, FL 37563	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Valerie Padich **VALERIE PADICH** 7/21/06 **850-525-2242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #