2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081029

Entity Name: DESIGNER SURFACES, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

315 W. GRANT STREET
ORLANDO, FL 32806
315 W. GRANT STREET
UNIT B

ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

315 W. GRANT STREET 315 W. GRANT STREET ORLANDO, FL 32806 UNIT B

ORLANDO, FL 32806

FEI Number: 27-0064172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RASH, TIFFANY
315 W GRANT STREET
315 W GRANT STREET
315 W GRANT STREET

315 W. GRANT STREET 315 W. GRANT STREET ORLANDO, FL 32806 UNIT B ORLANDO, FL 32806

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.

SIGNATURE: TIFFANY J. RASH 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 RASH, TIFFANY
 Name:

 Address:
 315 W. GRANT STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 RASH, TROY
 Name:

 Address:
 315 W. GRANT STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

Title: S, T () Delete Title: () Change () Addition

 Name:
 SCHROEDER, EDWIN
 Name:

 Address:
 315 W. GRANT STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TIFFANY J. RASH P 04/28/2004