

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081029

Entity Name: DESIGNER SURFACES, INC.

FILED  
Jan 17, 2008  
Secretary of State

## Current Principal Place of Business:

315 W. GRANT STREET  
UNIT B  
ORLANDO, FL 32806

## New Principal Place of Business:

315 W. GRANT STREET  
SUITE B  
ORLANDO, FL 32806

## Current Mailing Address:

315 W. GRANT STREET  
UNIT B  
ORLANDO, FL 32806

## New Mailing Address:

315 W. GRANT STREET  
SUITE 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:

RASH, TIFFANY  
315 W. GRANT STREET  
UNIT B  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

RASH, TIFFANY  
315 W. GRANT STREET  
SUITE B  
ORLANDO, FL 32806 US

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

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RASH, TIFFANY  
Address: 315 W. GRANT STREET, UNIT B  
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete  
Name: RASH, TROY  
Address: 315 W. GRANT STREET, UNIT B  
City-St-Zip: ORLANDO, FL 32806

Title: S, T ( ) Delete  
Name: SCHROEDER, EDWIN  
Address: 315 W. GRANT STREET, UNIT B  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RASH, TIFFANY  
Address: 315 W. GRANT STREET, SUITE B  
City-St-Zip: ORLANDO, FL 32806

Title: VP (X) Change ( ) Addition  
Name: RASH, TROY  
Address: 315 W. GRANT STREET, SUITE B  
City-St-Zip: ORLANDO, FL 32806

Title: S, T (X) Change ( ) Addition  
Name: SCHROEDER, EDWIN  
Address: 315 W. GRANT STREET, SUITE B  
City-St-Zip: ORLANDO, FL 32806

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

SIGNATURE: TIFFANY J. RASH

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date