2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000117757 02-22-2007 90007 034 ***150.00 1. Entity Name SURFSIDE CONSTRUCTION, INC. Principal Place of Business Mailing Address 40022591 1210 GATEWAY ROAD STE 3 1210 GATEWAY ROAD STE 3 LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8946 140th Ave North Suite, Apt. #, etc. 01042007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNOWDEN, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1210 GATEWAY ROAD STE 3 LAKE PARK, FL 33403 City Zip Code FL 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSTD** ☐ Change ☐ Addition TITEF Delete TITLE SNOWDEN, DAVID G NAME NAME STREET ADDRESS 1210 GATEWAY ROAD STE 3 STREET ADDRESS CITY-ST-7/P LAKE PARK, FL 33403 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP □ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 any address, with although like empowered. SIGNATURE:

FILED

Date

Daytime Phone #

Feb 22, 2007 8:00 am