## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # P04000000740 THE RESURFACING COMPANY, INCORPORATED Mailing Address Principal Place of Business 13371 ASHFORD WOOD COURT EAST 13371 ASHFORD WOOD COURT EAST JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32218 US 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3141441 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALCANOFF, LORI M DO NOT WRITE 13371 ASHFORD WOOD COURT EAST JACKSONVILLE, FL 32218 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 U00000547717 05/12/06-80035-009 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DDF MANE BALCANOFF, RODD G 13371 ASHFORD WOOD COURT EAST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 tmLE BALCANOFF, LORI M NAME 13371 ASHFORD WOOD COURT EAST STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32218 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CKTY-ST-ZIP TITLE NAME SIRELI ADDRESS CITY-ST-ZIP mpe

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12. I hereby 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 logal 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 charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAVE ON SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION DESCRIPTION OF DESCRIPTI