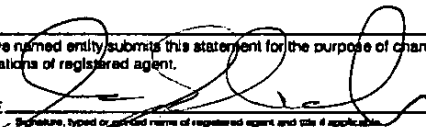
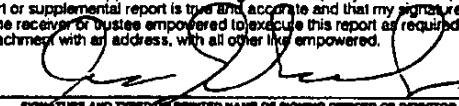


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90121 003 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                                                                                              |                                                                   |                                                                                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000006663</b><br>1. Entity Name<br><b>TC SURFACES INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                                                                                                              |                                                                   |                                                                                                                                                         |  |
| Principal Place of Business<br><b>5709 KNEELAND LANE<br/>TAMPA, FL 33625</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                                                                                              | Mailing Address<br><b>5709 KNEELAND LANE<br/>TAMPA, FL 33625</b>  |                                                                                                                                                                                                                                          |  |
| 2. Principal Place of Business<br><b>9509 Pebble Glen Ave</b><br>Suite, Apt. #, etc.<br><b>Tampa</b><br>City & State<br><b>FL</b><br>Zip<br><b>33647</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            | 3. Mailing Address<br><b>9509 Pebble Glen Ave</b><br>Suite, Apt. #, etc.<br><b>Tampa</b><br>City & State<br><b>FL</b><br>Zip<br><b>33647</b> |                                                                   | 4. FEI Number<br><b>200512005</b>                                                                                                                                                                                                        |  |
| Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Country<br><b>US</b>                                                                                                                         |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><b>CAMPOS, TONY<br/>5709 KNEELAND LANE<br/>TAMPA, FL 33625</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |                                                                                                                                              |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br><b>Jose A. Campos</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9509 Pebble Glen Ave</b><br>City<br><b>Tampa</b><br>State<br><b>FL</b> Zip Code<br><b>33647</b> |  |
| 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.<br>SIGNATURE:  <span style="float: right;">6/15/05</span><br><small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE</small>                                                                                                         |                                                            |                                                                                                                                              |                                                                   |                                                                                                                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                          |                                                                   |                                                                                                                                                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>CAMPOS, TONY<br>5709 KNEELAND LANE<br>TAMPA, FL 33625 |                                                                                                                                              | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                          |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                                                                                                                              | Date: <b>5/1/05</b>                                               |                                                                                                                                                                                                                                          |  |