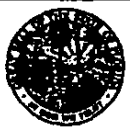


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED
9/14/2005-90001-003-\$550.00-\$550.00

05 OCT 14 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000079302					
1. Entity Name SURFACE INNOVATIONS, INC.					
Principal Place of Business 405 EDGEWATER DR. DUNEDIN, FL 34698			Mailing Address 405 EDGEWATER DR. DUNEDIN, FL 34698		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0542290	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWAFFORD, BARBARA 405 EDGEWATER DR. DUNEDIN, FL 34698			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SWAFFORD, BARBARA		NAME	SWAFFORD, BARBARA	
STREET ADDRESS	405 EDGEWATER DR.		STREET ADDRESS	423 BROADWAY	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			NAME	SWAFFORD, CHARLES	
STREET ADDRESS			STREET ADDRESS	423 BROADWAY	
CITY-ST-ZIP			CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Charles V. Swafford</i> Charles Swafford 9/9/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



03282005 Chg-P CR2E034 (10/03)

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727-744-542