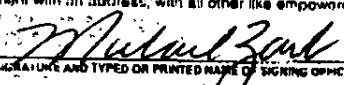


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000105895			
1. Entity Name SURFCON CORP.			
Principal Place of Business 6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655		Mailing Address 6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655	
DO NOT WRITE IN THIS SPACE		04282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1377746 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARBA, MICHAEL 6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655		DO NOT WRITE IN THIS SPACE	
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, and further, with and accept the obligations of registered agent.			
SIGNATURE _____		DATE 06/02/08-80043-023 150.00	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ZARBA, MICHAEL 6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BECKWITH, CHRIS E 5908 KENNETH ST TAMPA, FL 33604		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with the filing 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 an address, with all other like empowered.			
SIGNATURE: 		TRES 42808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL ZARBA		DATE	