## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # P04000107341  1. Entity Name SURPRISE ME, INC.									03-10-2005 90	-		
Principal Place of Business 8044 TWIN LAKE DR. BOCA RATON, FL 33496				Mailing Address 8044 TWIN LAKE DR. BOCA RATON, FL 33496				1 1 <b>0 1</b> 1 1 <b>0 1</b> 1 1 1 1	5	 II <b>E</b> L UDM <b>at</b> lu I <b>e</b> r	<b>20</b> Milk <b>9100</b> 1 III	H <b>iss</b> al 1801
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01312005	Chg-P	CR2E0	34 (10/03)	·
City & State				City & State				2 FEI Numb	390173	3	<del></del>	plied For ot Applicable
Zip	Country			Zip Cour		otry	. <u></u>		of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current				stered Agent	7. Name and Address of New Registered Agent Name							
BUCHWALD, ROBYN 8044 TWIN LAKE DR. BOCA RATON, FL 33496						Ĺ	ress (F	P.O. Box Numb	er is Not Acceptab	le)		
BOCA RATON, FL 33496												
						City				FL	Zip Code	e
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, typoid or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS	AND DIRE	<del></del>			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
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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 offect 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.												
Rin R. 1. 11 2/1-												
SIGNATURE: Kby Brull S//CS  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Code Davime Proces												