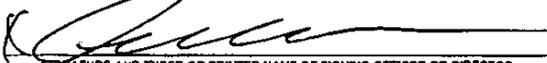


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-15-2006 90115 026 ***150.00
P05000091328

DOCUMENT # P05000091328						<p>FILED</p> <p>06 JUL -7 PM 12:46</p> <p>SECRETARY OF STATE... TALLAHASSEE, FLORIDA</p> 			
1. Entity Name EMPIRE SURFACES INC									
Principal Place of Business 11750 PHILIPS HIGHWAY JACKSONVILLE FL 32256		Mailing Address 11750 PHILIPS HIGHWAY JACKSONVILLE FL 32256		4. FEI Number 20-3091873				Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
City & State		City & State		MORRIS, ANDREW 11750 PHILIPS HIGHWAY JACKSONVILLE FL 32256		Name			
Zip		Country				Street Address (P.O. Box Number is Not Acceptable)		City	
Zip		Country		City		FL			
Zip		Country		City		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORRIS, ANDREW			NAME					
STREET ADDRESS	11750 PHILIPS HIGHWAY			STREET ADDRESS					
CITY- ST- ZIP	JACKSONVILLE FL 32256			CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY- ST- ZIP				CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY- ST- ZIP				CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY- ST- ZIP				CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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: 				Date: 3/3/06		Daytime Phone #: 904-268-4009			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #			