2008 FOR PROFIT CORPORATION

FILED Feb 18, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P05000103949 1. Entity Name SURFING TURF, INC. Principal Place of Business Mailing Address 1571 VAN ECK ROAD NE 1571 VAN ECK ROAD NE PALM BAY, FL 32907 PALM BAY, FL 32907 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-2051809 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, WAYNE 1571 VAN ECK ROAD NE DO NOT WRITE PALM BAY, FL 32907 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 I am familiar with, and accept the obligations of registered agent. SIGNATURE_ DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 . OFFICERS AND DIRECTORS 10. TITLE NAMÉ WHITE, WAYNE 1571 VAN ECK ROAD NE STREET ADDRESS U000000829996 CITY-ST-ZIP PALM BAY, FL_32907 02/26/08-80064-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

33117 NAME . ; STREET ADDRESS CITY - ST - ZIP

OFFICER OR DIRECTOR

Daytime Phone #