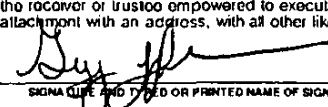


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-26-2007 90082 026 ***150.00

DOCUMENT # P05000112372 1. Entity Name BREAK POINT SURF COMPANY INC.					
Principal Place of Business 333 HIBISCUS AVENUE MERRITT ISLAND FL 32954			Mailing Address 333 HIBISCUS AVENUE MERRITT ISLAND FL 32954		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-4040641	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, DIANNE E 645 ORANGE COURT ROCKLEDGE FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$8.75 Additional Fee Required	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME JOHNSON, GREGORY L STREET ADDRESS 645 ORANGE COURT CITY ST ZIP ROCKLEDGE FL 32955	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE VP NAME DOUCETTE, CHRISTOPHER J STREET ADDRESS 645 ORANGE COURT CITY ST ZIP ROCKLEDGE FL 32955	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE T NAME JOHNSON, GREGORY L STREET ADDRESS 645 ORANGE COURT CITY ST ZIP ROCKLEDGE FL 32955	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE S NAME DOUCETTE, CHRISTOPHER J STREET ADDRESS 645 ORANGE COURT CITY ST ZIP ROCKLEDGE FL 32955	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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:  Gregory L. Johnson 2-16-07 321-454-6666 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					