


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 030 ***150.00

DOCUMENT # P05000125486	
1. Entity Name TAS SOLID SURFACES INC.	

Principal Place of Business 6845 NW 69TH COURT TAMARAC FL 33321 US	Mailing Address 6845 NW 69TH COURT TAMARAC FL 33321 US
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2. Principal Place of Business - No P.O. Box # 20 Sawfish Court	3. Mailing Address 20 Sawfish Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee FL	City & State Kissimmee Florida
Zip 34759	Country U.S.A
Zip 34759	Country U.S.A

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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent BRADY-SMITH, KERRIAN 6845 NW 69TH COURT TAMARAC FL 33321		7. Name and Address of New Registered Agent Name Kerrian Brady-Smith Street Address (P.O. Box Number is Not Acceptable) 20 Sawfish Court City Kissimmee FL Zip Code 34759	
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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 reinstating)
Signature, typed or printed name of registered agent and the filer, applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY-SMITH, KERRIAN 6845 NW 69TH COURT TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kerrian Brady-Smith 20 Sawfish Court Kissimmee FL 34759 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kerrian Brady-Smith 4/14/08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #