2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P06000003970** 1. Entity Name ATLANTIC SURFOAM, INC. Mailing Address Principal Place of Business 2275 BUSINESS CENTER BL PO BOX 1819 MELBOURNE, FL 32940 MELBOURNE, FL 32902 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1128716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOUSTON, ROSS DO NOT WRITE 300 EAST DR. MELBOURNE, FL 32904 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000924095 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/16/08-80060-007 150.00 OFFICERS AND DIRECTORS 10. D TTLE HOUSTON, ROSS NAME STREET ADORESS 300 EAST DR. CITY-ST-71P MELBOURNE, FL 32904 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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

TILE NAME STREET ADDRESS CITY-ST-ZIP