FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90018 042 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000028536

1. Entity Name
HOBE SOUND SURF & SKATE, INC.

66015170

04032007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
9192 SE ELDORADO WAY HOBE SOUND, FL 33455-8923	9192 SE ELDORADO WAY HOBE SOUND, FL 33455-8923

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11690 SE Federal Hwy	11690 SE Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: USA	Zip: 33455 Country: USA

4. FEI Number: 26-4386929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARABIAN, JOHN 9192 SE ELDORADO WAY HOBE SOUND, FL 33455-8923	Name: Chantel Arabian Street Address (P.O. Box Number is Not Acceptable): 9192 SE Eldorado way City: Hobe Sound FL Zip Code: 33455

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: Chantel Arabian 4/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARABIAN, JOHN 9192 SE ELDORADO WAY HOBE SOUND, FL 334558923	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARABIAN, CHANTEL 9192 SE ELDORADO WAY HOBE SOUND, FL 334558923	☐ 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 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: Chantel Arabian 4/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #