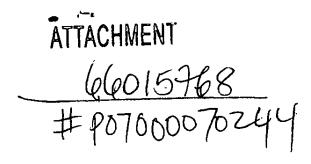
2008 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 06, 2008 8:00 am Secretary of State DOCUMENT # P07000070244 07-15-2008 90062 023 ***150.00 1. Entity Name WICKED WAVES SURF INC Principal Place of Business Mailing Address 66015768 8744 S W 53RD STREET 8744 S W 53RD STREET COOPER CITY, FL 33328 COOPER CITY, FL 33328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address : 2 Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number (Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RATHJENS, DARLENE Street Address (P.O. Box Number is Not Acceptable) **8744 S W 53RD STREET** COOPER CITY, FL 33328 City Zip Code 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 printer/ name of registrated agent and tide if exporcable (NOTE, Registered Agent signature required when relinstating) \$5.00 May Be FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. FITLE TITLE ☐ Delete ☐ Change ☐ Addition RATHJENS, DARLENE HAME NAME 8744 S W 53RD STREET STREET ADDRESS STREET ADDRESS COOPER CITY, FL 33328 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deteta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-7IP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in charged, or on an attackment with an apprecia, with all other like empowered. name appears in Block 10 or Block 11 it &àla|

FILED



JULY 7,2008 FLORIDA DEPARTMENT OF STATE TALLAHASSEE,FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2008.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY,2008 FOR THE YEAR 2008. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

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