
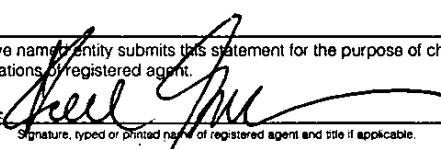
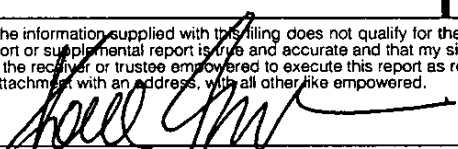


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90288 036 ***150.00

DOCUMENT # P94000018267 1. Entity Name INTERFACE PROPERTIES, INC.					
Principal Place of Business 2300 GLADES ROAD SUITE 230 W BOCA RATON, FL 33431 US			Mailing Address 2300 GLADES ROAD SUITE 230 W BOCA RATON, FL 33431 US		
2. Principal Place of Business 2600 N Military Trail Suite, Apt. #, etc. #290		3. Mailing Address 2600 N Military Trail Suite, Apt. #, etc. #290			
City & State Boca Raton Fl Zip 33431		City & State Boca Raton Fl Zip 33431		4. FEI Number 65-0489400	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH 2300 GLADES ROAD SUITE 230W BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name GOODMAN KENNETH Street Address (P.O. Box Number is Not Acceptable) 2600 N MILITARY TRAIL, #290 City BOCA RATON FL Zip Code 33431		
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  DATE <u>4/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GOODMAN, DANIEL 2300 GLADES RD #230W BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, DANIEL 2600 N MILITARY TRAIL, #290 BOCA RATON, FL 33431
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, CAROL 2300 GLADES RD #230W BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, CAROL 2600 N MILITARY TRAIL, #290 BOCA RATON, FL 33431
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODMAN, KENNETH 2300 GLADES RD #230W BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODMAN, KENNETH 2600 N MILITARY TRAIL, #290 BOCA RATON, FL 33431
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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 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: 			Date <u>4/4/06</u> Daytime Phone # <u>561-862-0777</u>		