


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90327 048 ***150.00

DOCUMENT # P94000018267	
1. Entity Name INTERFACE PROPERTIES, INC.	

Principal Place of Business 2600 N MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431 US	Mailing Address 2600 N MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431 US
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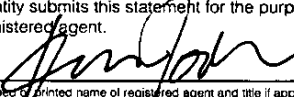
2. Principal Place of Business - No P.O. Box # 7777 Glades Road Suite, Apt. #, etc. Suite 204 City & State Boca Raton, FL Zip 33434 USA	3. Mailing Address 7777 Glades Road Suite, Apt. #, etc. Suite 204 City & State Boca Raton, FL Zip 33434 USA
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04162008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0489400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH 2600 N MILITARY TRAIL SUITE #290 BOCA RATON, FL 33431	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7777 Glades Road, Suite 204 City Boca Raton FL Zip Code 33434	

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.

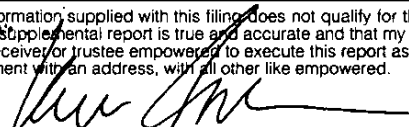
SIGNATURE  DATE 4-21-08

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, 2008 Fee will be \$550.00	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	D GOODMAN, DANIEL 2600 N MILITARY TRAIL., #290 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7777 Glades Road, Suite 204 Boca Raton, FL 33434 <input checked="" 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 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 4-21-08 DAYTIME PHONE # 561-471-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR