2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000006133

1. Entity Name
MALIBU SURF, INC.



FILED Apr 18, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

2012 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 US

21

114 MARIE DRIVE

PONCE INLET, FL 32127

US



DO NOT WRITE IN THIS SPACE

04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3351806

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, JODI 114 MARIE DRIVE PONCE INLET, FL 32127

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstatung) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS	T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLINSON, JODI 114 MARIE DR. PONCE INLET, FL 32127				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000715198 04/27/07-80054-923 158.75

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 ceth; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desiring Phone #