


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000073007**

1. Entity Name  
 LIQUID DREAM SURF AND SPORT, INC.



Principal Place of Business 103 W 23RD STREET E-3 PANAMA CITY, FL 32405 US	Mailing Address 103 W 23RD STREET E-3 PANAMA CITY, FL 32405 US
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**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3400679	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TUVYANA, AVRAHAM  
 545 BECKRICH ROAD  
 PANAMA CITY BEACH, FL 32407

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUVYANA, AVRAHAM 545 BECKRICH ROAD PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUVYANA, LAURA 103 W 23RD ST E-3 PANAMA CITY, FL 32405
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 04/19/06-80026-014 158.75

**DO NOT WRITE IN THIS SPACE**

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: Laura Tuvyana LAURA TUVYANA 4/3/06 850 784-1503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #