

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 035 ***150.00

DOCUMENT # P96000075110 1. Entity Name SURF 'N SAND PROPERTIES, INC.					
Principal Place of Business 115 SANDPOINTE CT VERO BEACH, FL 32963			Mailing Address 115 SANDPOINTE CT VERO BEACH, FL 32963		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MALVAN, MITCHELL B 115 SANDPOINTE CT VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Paul R. Berg, Esquire Street Address (P.O. Box Number is Not Acceptable) 3333 - 20th Street City Vero Beach FL Zip Code 32960	
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 <u><i>Paul R. Berg</i></u> DATE <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</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	PTD MALVAN, MITCHELL B <input type="checkbox"/> Delete 115 SANDPOINTE CT VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Malvan, Mitchell B. 115 Sandpointe Court Vero Beach, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MALVAN, BONNIE E 115 SANDPOINTE CT VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete FELSHER, GARY 645 5TH AVE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete FELSHER, MICHAEL 645 5TH AVE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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: <u><i>M. B. Malvan, Pres</i></u> <u><i>Mitchell B. Malvan, Pres</i></u> <u>2/16/06</u> <u>772-532-4040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					