2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | Yiay 03, 2007 08:00 Secretary of State | | | |
|---|---|--|-----------------------------------|-------------------------------|---|-------------------------|----------------------------|--|
| | MENT # P980000875 | | | | Secret | ary of State | | |
| 1. Entity Nan CUSTON | ne I SURFACE WORKS INC. | | | | | | | |
| Principal Place 3120 KUMQ EDGEWATER | | Mailing Address 3120 KUMQUAT DRIVE EDGEWATER, FL 32141 | | | | | | |
| . C | OO NOT WRITE | CE | 04192007 4. FEI Numb 59-353 | | CR2E034 (| | | |
| | | | | 5. Certificate | of Status Desired | | .75 Additional Required | |
| 3120 KUM | 6. Name and Address of Current Re CYNTHIA L IQUAT DRIVE TER, FL 32141 | | | NOT W | | | | |
| signature. | a named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | | ad Agent signature required | <u> </u> | oth, in the State of Fi | orida. Fam fami DATE | liar with, and accept | |
| 10. | OFFICERS AND DIF | RECTORS | 1 | • | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | PV HARVEY, WILLIAM G 3120 KUMQUAT DRIVE EDGEWATER, FL 32141 ST HARVEY, CYNTHIA L 3120 KUMQUAT DR EDGEWATER, FL 32141 | | | | U 05/2 | 100000755 14/07-800 |)387)40-013 150 00 | |
| NAME SIREE! ADDRESS CITY-SI-ZIP IITLE NAME STREE! ADDRESS CITY-SI-ZIP | AE FET ADDRESS ST-ZIP E EEL ADDRESS | | | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | | | | |

12. Thereby certify that the information supplied with this filling 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: 4/4

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. HARVEY, PRESIDENT

4/30/07

386-424-1792_

Daylime Phone €