2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014456

Entity Name: CUSTOM SURROUNDINGS, INC.

FILED Apr 01, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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3195 ST. JOHNS BLUFF RD. S 3165 ST. JOHNS BLUFF RD SOUTH # 7

JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32246 US

Current Mailing Address: New Mailing Address:

3900 OLDFIELD CROSSING DR 3165 ST JOHNS BLUFF RD SOUTH #1120 #7

", JAX, FL 32246 US

FEI Number: 59-3556564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORSEY, DERRICK LANCE
3195 ST. JOHNS BLUFF ROAD, S. SUITE #7
JACKSONVILLE, FL 32246 US

DORSEY, DERRICK LANCE
3165 ST. JOHNS BLUFF ROAD SOUTH
7

JACKSONVILLE, FL 32246 US

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.

SIGNATURE: 04/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32223

Title: P () Delete Title: P (X) Change () Addition

Name: DORSEY, DERRICK LANCE Name: DORSEY, DERRICK
Address: 319 S. ST. JOHNS BLUFF RD., S. SUITE #7 Address: 319 S. ST. JOHNS BLUFF RD., S. SUITE #7

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete Title: S () Change (X) Addition

Name: Name: REYNOLDS, LANCE

Address: Address: 3165 ST JOHNS BLUFF RD SOUTH

City-St-Zip: City-St-Zip: JAX, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRICK DORSEY P 04/01/2005