


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P99000067716 1. Entity Name SYNTHETIC SURFACE STRATEGIES, INC. |  |
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| Principal Place of Business 10550 BAYMEADOWS RD 620 JACKSONVILLE, FL 32256 | Mailing Address 10550 BAYMEADOWS RD. 620 JACKSONVILLE, FL 32256 |
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03012006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3592158 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GERSON, HERBERT
 10550 BAYMEADOWS RD
 SUITE 620
 JACKSONVILLE, FL 32256

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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 _____ (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

100000545463
 05/11/06-80078-002 150.00

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERSON, HERBERT 10550 - 620 BAYMAEADOWS RD JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERSON, JUDITH 10550 - 620 BAYMEADOWS RD JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERSON, SETH 10550-620 BAYMEADOWS RD. JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  4-28-06 904-363-6446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #