


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90079 027 \*\*\*158.75

<b>DOCUMENT # P99000067716</b>	
1. Entity Name <b>SYNTHETIC SURFACE STRATEGIES, INC.</b>	

Principal Place of Business <b>10550 BAYMEADOWS RD 620 JACKSONVILLE, FL 32256</b>	Mailing Address <b>10550 BAYMEADOWS RD. 620 JACKSONVILLE, FL 32256</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40013833



01222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  <b>GERSON, HERBERT 10550 BAYMEADOWS RD SUITE 620 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>Seth Gerson</b> Street Address (P.O. Box Number is Not Acceptable) <b>10550-620 Baymeadows Rd</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>	
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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 <b>Seth Gerson</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>2-4-07</b> <small>(NOTE: Registered Agent signature required when reactivating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERSON, HERBERT</b> <b>10550 - 620 BAYMAEADOWS RD</b> <b>JACKSONVILLE, FL 32256</b> <input checked="" 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	<b>D</b> <b>GERSON, JUDITH</b> <b>10550 - 620 BAYMEADOWS RD</b> <b>JACKSONVILLE, FL 32256</b> <input checked="" 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	<b>D</b> <b>GERSON, SETH</b> <b>10550-620 BAYMEADOWS RD.</b> <b>JACKSONVILLE, FL 32256</b> <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
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: <b>Seth Gerson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2-4-07</b> Daytime Phone # <b>904-363-6446</b>