2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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1. Entity Name

SURFACE CONCEPTS, INC.



Principal Place of Business

6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655 Mailing Address

6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655



DO NOT WRITE IN THIS SPACE

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02052007	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For S9-3252695 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARBA, MICHAEL 6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title of	applicable (NGTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	P ZARBA, MICHAEL 6807 SAN JOSE LOOP NEW PORT RICHEY, FL 34655				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	04/02/07-80012-023 150.0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	ertify that the information supplied with this fil	ing does not qualify for the exer	nptions cor	ntained in Chapter 119	9. 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 it 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

CARBA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 3-2/3-0

Daytime Phone #