2008 FOR PROFIT CORPORATION ANNUAL REPORT 04-23-2008 90021 014 ***150.00 DOCUMENT # S99876 1. Entity Name SUNDEK BY CREATIVE SURFACES, INC. 40011040 Principal Place of Business Mailing Address 13187 CORONADO DR 13187 CORONADO DR SPRING HILL, FL 34609 SPRING HILL, FL 34609 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04032008 CR2E034 (12/06) City & State City & State Applied For 4. FEI Numbe 59-3099760 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O QUINN, TED L. ALL FLORIDA FIRM, INC. Street Address (P.O. Box Number is Not Acceptable) 165 S VOLUSIA AV, SUITE C ORANGE CITY, FL 32763 SPRING HILL 34609 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. lered agent and little if applicable (HOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May:1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPVP D/P/S/T XX Change TITLE ■ Addition THE Delete O'QUINN, TED L. NAME NAME STREET ADDRESS 13187 CORONADO DR STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP VΡ Oelete TITLE ☐ Change Addition TITLE O'QUINN, KATHY NAME NAME STREET ADDRESS 13187 CÓRONADO DRIVE STREET ADDRESS SPRING HILL, FL 34609 CITY-\$1-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STHLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all prime like empowered.

SIGNATURE: /

FILED Apr 23, 2008 8:00 am Secretary of State