
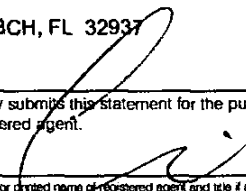
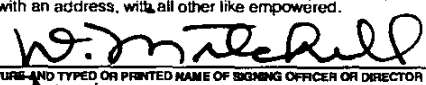


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 029 ***150.00

DOCUMENT # V46468 1. Entity Name SOLID SURFACE FABRICATOR OF BREVARD, INC.					
Principal Place of Business 131 TOMAHAWK DRIVE UNIT 5 INDIAN HARBOUR BEACH, FL 32937			Mailing Address 131 TOMAHAWK DRIVE UNIT 5 INDIAN HARBOUR BEACH, FL 32937		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City & State		City & State		4. FEI Number 59-3138680	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTHCUTT, WILLIAM R 2194 HWY A1A, 306 INDIAN HARBOUR BCH, FL 32937				7. Name and Address of New Registered Agent Name CHRISTOPHER J. COLEMAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 1329 BEDFORD DRIVE City MELBOURNE FL Zip Code 32940	
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  DATE 4/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MITCHELL, BENARD J 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MITCHELL, DENISE 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MITCHELL, DENISE 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MITCHELL, DENISE 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MITCHELL, DENISE 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MITCHELL, DENISE 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MITCHELL, DENISE 131 TOMAHAWK DR, UNIT 5 INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DENISE MITCHELL, DVS			Date 4-8-05 Daytime Phone # 321-777-4470		