

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49815

Entity Name: SUPERCHIPS, INC.

FILED  
Jun 21, 2006  
Secretary of State

**Current Principal Place of Business:**

1790 EAST AIRPORT BLVD  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

1790 EAST AIRPORT BLVD  
SANFORD, FL 32773 US

**New Mailing Address:**

FEI Number: 65-0356451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHORT, MICHAEL P  
1441 SOUTH GRANT ST  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

ROTH, DEBRA A  
1790 EAST AIRPORT BLVD  
SANFORD, FL 32773 US

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.

SIGNATURE: DEBRA A ROTH

06/21/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: WALES, PETER J.,  
Address: 134 B BAYWOOD AVE.  
City-St-Zip: LONGWOOD, FL

Title: V ( ) Delete  
Name: SHORT, MICHAEL P  
Address: 134 BAYWOOD AVE.  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: CARLIN, TOM  
Address: 1790 EAST AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

Title: V (X) Change ( ) Addition  
Name: MARTINEZ, DAVE  
Address: 1790 EAST AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CARLIN

PST

06/21/2006

Electronic Signature of Signing Officer or Director

Date