2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642694

FILED Feb 23, 2009 Secretary of State

Entity Name: SUPERIOR ALUMINUM INSTALLATIONS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	SYTH RD PARK, FL 327	92			
Current M	lailing Addres	ss:	New Mailing Addre	ss:	
	SYTH RD PARK, FL 327	92			
FEI Number	: 59-1951755	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
	CE R KE PRICE DR. D, FL 32826	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Aç	gent	Date	
Election Ca	. <u>-</u>				
	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	mpaign Financin S AND DIREC	. ,	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	S AND DIREC	TORS:) Delete MAS A, RICE DR.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIREC D (ORIE SR, THO 14254 LAKE P ORLANDO, FL	TORS:) Delete MAS A, RICE DR. 32826) Delete	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT D (ORIE SR, THO 14254 LAKE P ORLANDO, FL P (ORIE, ALICE, 14254 LAKE P ORLANDO, FL	TORS:) Delete MAS A, RICE DR. 32826) Delete RICE DR. 32826) Delete Y J FERN DR	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ALICE R. ORIE P 02/23/2009