2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# F00000002734

Entity Name: SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.

Current Principal Place of Business:

4497 DAWES RD.
THEODORE, AL 36582

New Principal Place of Business:

4497 DAWES RD
THEODORE, AL 36582

Current Mailing Address:

P.O. BOX 850247
MOBILE, AL 36685

New Mailing Address:

FEI Number: 72-1352313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, LORI
6815 TIDEWATER DR.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP
Name: MASON, TONY
Address: P.O. BOX 850247
City-St-Zip: MOBILE, AL 36685

Title: V
Name: MASON, JERRI
Address: P.O. BOX 850247
City-St-Zip: MOBILE, AL 36685

I hereby 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 all other like empowered.

SIGNATURE: BRENDA GEIGER A/P 01/04/2010

Electronic Signature of Signing Officer or Director Date