2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

MIKE ALL

SIGNATURE: 1

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # F02000004836 1. Entity Name SUPERBUS 1, LTD., INC. Principal Place of Business Mailing Address 11646 PIKE 9146 LOUISIANA MQ 63353 13511 GRANVILLE AVE CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 43-1867218 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN, MIKE Street Address (P.O. Box Number is Not Acceptable) 13511 GRANVILLE AVE. CLERMONT FL 347.1.1 City Zip Code f. 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 _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **CPVS** TITLE ☐ Delete TITLE Chance Chance ☐ Addition JENKINS, CAROL NAME NAME 11646 PIKE 9146 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISIANA MO 63353 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition JENKINS, CAROL. NAME NAME STREET ADDRESS 11646 PIKE 9146 STREET ADDRESS CITY-ST-ZIP LOUISIANA MO 63353 CITY-ST-ZIP TITLE Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE TITLE ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Mike Allen

FILED

4-22-2004 (407) 656-4244

Daytime Phone #