2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# F06000004892

Entity Name: SUPERIOR SPORTS SYSTEMS INTERNATIONAL, CO.

Current Principal Place of Business:

9500 SW BOECKMAN RD
WILSONVILLE, OR 97070

New Principal Place of Business:

Current Mailing Address:

7600 NE 47TH AVE
VANCOUVER, WA 98661

New Mailing Address:

FEI Number: 20-2298663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: LAPORTE, MARVIN
Address: 9500 SW BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

Title: P ( ) Delete
Name: WEISBRICH, GREG
Address: 9500 SW BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

Title: VP ( ) Delete
Name: GLOECKNER, ROBERT
Address: 9500 SW BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

Title: TCFO ( ) Delete
Name: DEY, DAVID
Address: 9500 SW BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SANDY ASBURY ADMN 03/18/2008

Electronic Signature of Signing Officer or Director Date