2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006933

TIMOTHY, HÈITZ A

101 WEST CONESTOGA STREET

NEW HOLLAND, PA 17557

Name:

Address:

City-St-Zip:

FILED Apr 11, 2008 Secretary of State

Entity Nar	ne: SUPERIOR	R WALLS OF AMERICA, L	TD., INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
937 E EAR NEW HOL	L RD LAND, PA 1755	57 US					
Current Mailing Address:			New Maili	New Mailing Address:			
937 E EAR NEW HOL	L RD LAND, PA 1755	57 US					
FEI Number:	23-2273863	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
9200 SOU [*] SUITE 508	ORPORATE SE TH DADELAND 331560000 US	BLVD.					
The above in the State		ıbmits this statement for th	e purpose of changing i	ts registered off	ice or registered age	nt, or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered	Agent		Date		
Election Can	npaign Financing 1	Trust Fund Contribution ().					
OFFICERS	AND DIRECTO	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () D ZIMMERMAN, ME 160 F HILLSIDE I DENVER, PA 175	DRIVE	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	SC () D GINGRICH, GLEN 160 MAR-KAUF D NEW HOLLAND, I	DRIVE	Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	D () D HIESTAND, BURN 638 WILLOW GR LITITZ, PA 17543	EEN DR	Title: Name: Address: City-St-Zip:	D (X) O ROTH, LOWELL 916 WALNUT ST NEW HOLLAND,	•		
Title:	PD ()D	Pelete	Title:	PD (X)	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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

JAMES, COSTÉLLO J

NEW HOLLAND, PA 17557

937 E EARL RD

SIGNATURE: ELIZABETH MCQUISTON **CTLR** 04/11/2008