2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27985

FILED Apr 03, 2008 Secretary of State

Entity Name: SUPERIOR SOLAR SYSTEMS INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	PARK COVE OD, FL 32750				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	PARK COVE OD, FL 32750				
El Number	: 59-2456818	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	AY, DAVID RIDIAN AVE				
.ONGWC	OD, FL 32750	US			
The above	OD, FL 32750		purpose of changing its registere	ed office or registered agent, or both,	
Γhe above n the Stat	OD, FL 32750 e named entity s e of Florida. RE:	submits this statement for the p		ed office or registered agent, or both,	
he above the Stat	OD, FL 32750 e named entity s e of Florida. RE:			ed office or registered agent, or both, Date	
The above In the Stat	oOD, FL 32750 named entity se of Florida. RE: Electron	submits this statement for the p			
The above n the Stat SIGNATU Election Ca	oOD, FL 32750 named entity se of Florida. RE: Electron	submits this statement for the place of Registered Ag	ent		
The above n the Stat BIGNATU	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete AVID, I AVE	ent	Date	
The above in the State SIGNATU Election Ca DFFICER Title: Jame: Jame: Jame: James State S	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECTOPS () HADDAWAY, DA 142 SHERIDIAN LONGWOOD, F	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete AVID, I AVE L 32750 US Delete ED O VP AVENUE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: DAVID HADDAWAY DPS	04/03/2008
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