

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81790

Entity Name: SUPREME MEATS, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

% JOHN DELPRETE
2026 SOUTH FEDERAL HWY
STUART, FL 349943918

New Principal Place of Business:

Current Mailing Address:

% JOHN DELPRETE
2026 SOUTH FEDERAL HWY
STUART, FL 349943918

New Mailing Address:

FEI Number: 59-2619070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELPRETE, JOHN
2026 SOUTH FEDERAL HWY
STUART, FL 33497 US

Name and Address of New Registered Agent:

DELPRETE, JOHN
2026 SOUTH FEDERAL HWY
STUART, FL 33494 US

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: JOHN DELPRETE 04/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELPRETE, JOHN,
Address: 1699 SW FOXPOINT TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: DEL PRETE, CAROLYN
Address: 1669 SW FOXPOINT TRAIL
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN DELPRETE P 04/07/2008

Electronic Signature of Signing Officer or Director Date