

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90077

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: SUPERIOR ASSETS I, INC.

## Current Principal Place of Business:

100 WEST LUCERNE CIRCLE  
SUITE 402  
ORLANDO, FL 32801 US

## New Principal Place of Business:

## Current Mailing Address:

100 WEST LUCERNE CIRCLE  
SUITE # 402  
ORLANDO, FL 32801 US

## New Mailing Address:

FEI Number: 59-2611399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, MARILUZ  
100 WEST LUCERNE CIRCLE  
SUITE #402  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

PETROSKI, BARBARA  
100 WEST LUCERNE CIRCLE  
SUITE #402  
ORLANDO, FL 32801 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: BARBARA PETROSKI

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, MARILUZ  
Address: WEST LUCERNE CIRCLE #402  
City-St-Zip: ORLANDO, FL 32801 US

Title: SVP ( ) Delete  
Name: HAMILTON, FINLEY M  
Address: WEST LUCERNE CIRCLE #402  
City-St-Zip: ORLANDO, FL 32801

Title: CEO ( ) Delete  
Name: IVANCOVICH, KELLEY  
Address: WEST LUCERNE CIRCLE #402  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LINTON, JANE H  
Address: WEST LUCERNE CIRCLE #402  
City-St-Zip: ORLANDO, FL 32801 US

Title: D (X) Change ( ) Addition  
Name: HAMILTON, SUSAN S  
Address: WEST LUCERNE CIRCLE #402  
City-St-Zip: ORLANDO, FL 32801

Title: VPSD (X) Change ( ) Addition  
Name: PETERSON, MARILYN H  
Address: WEST LUCERNE CIRCLE #402  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARILYN H. PETRSON

VPSD

04/26/2005

Electronic Signature of Signing Officer or Director

Date