2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 20, 2006 08:00 AN DOCUMENT # J18813 Secretary of State 1. Entity Name SUPÉRIOR PROPERTY MANAGEMENT, INC. Mailing Address Principal Place of Business % LAWRENCE E. QUEEN % LAWRENCE E. QUEEN 2915 SR 590, STE 21 CLEARWATER, FL 33759 2915 SR 590, STE 21 CLEARWATER, FL 33759 US 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2789558 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent QUEEN, LAWRENCE E. DO NOT WRITE 2915 SR 590 **STE 21** IN THIS SPACE CLEARWATER, FL 33759 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Stongture, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAME QUEEN, GARY F. STREET ADDRESS 2915 S.R. 590., STE 21 CITY-ST-ZIP CLEARWATER, FL 33759 U00000442708 NAME 03/04/06-80031-019 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurrate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered Gary F. Oueen Gary F. Queen

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

HAME STREET ADDRESS CITY-ST-ZIP

President

2/7/06

(727) 796-7123

Date

Daytona Phone #