2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M31439

1. Entity Name
SUPERIOR ELECTRONICS, INC.

FILED
07 MAY 21 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-30-07 90447 035 $150.00

04252007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1335 MARTIN LUTHER KING JR AVE DUNEDIN, FL 34698	1335 MARTIN LUTHER KING JR AVE DUNEDIN, FL 34698

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2684361 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNEDY, ANN 2419 SUMMERWOOD CT DUNEDIN, FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	P KENNEDY, ANN 2419 SUMMERWOOD CT DUNEDIN, FL 34698	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T DESOUZA, SHERMAN A. 1313 WILDWOOD CT DUNEDIN, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P de SOUZA, SHERMAN A. 1313 WILDWOOD CT DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	5/31	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 accurate 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.

SIGNATURE: Sherman A. deSouza SHERMAN A. deSOUZA 4/25/07 727 733-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #