

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006453

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUPERCHANNEL CENTRE, INC.

Current Principal Place of Business:

123 E CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608040
ORLANDO, FL 32860

New Mailing Address:

123 E CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3388634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, CLAUD
285 W CENTRAL PKWY
SUITE 1716
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BOWERS, CLAUD
123 E CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32701 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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: BOWERS, CLAUD
Address: 285 WEST CENTRAL PKWY, SUITE 1716
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: BEIK, STEPHEN W
Address: 285 WEST CENTRAL PKWY, SUITE 1716
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: SPURR, THURLOW
Address: 285 WEST CENTRAL PKWY, SUITE 1716
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: BOWERS, CLAUD
Address: 123 E CENTRAL PKWY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUD BOWERS

CPD

01/16/2009

Electronic Signature of Signing Officer or Director

Date