2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P00000006675

Entity Name: SUPERLITE ALUMINUM PRODUCTS, INC.

Current Principal Place of Business:

1090 RAINER DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1090 RAINER DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3622452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALLANCOURT, TODD
114 ROMNEY MARSH ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

VALLANCOURT, TODD
99 HORSE LOVERS LANE
ALTAMONTE SPRINGS, FL 32714 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: 06/15/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: VALLANCOURT, TODD
Address: 114 ROMNEY MARSH ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: SEC ( ) Delete
Name: VALLANCOURT, TODD
Address: 114 ROMNEY MARSH ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: V P ( ) Delete
Name: VALLANCOURT, ELLEN
Address: 114 ROMNEY MARSH ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: VALLANCOURT, TODD
Address: 99 HORSE LOVERS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC (X) Change ( ) Addition
Name: VALLANCOURT, TODD
Address: 99 HORSE LOVERS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V P (X) Change ( ) Addition
Name: VALLANCOURT, ELLEN
Address: 99 HORSE LOVERS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: TODD VALLANCOURT PRES 06/15/2009
Electronic Signature of Signing Officer or Director Date