


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90262 005 \*\*\*150.00

<b>DOCUMENT # P00000099011</b>	
1. Entity Name <b>SUPREME EQUIPMENT X-CHANGE, INC.</b>	

Principal Place of Business <b>8700 RIDGEWOOD AVE, APT #A210 CAPE CANAVERAL, FL 32920</b>	Mailing Address <b>8700 RIDGEWOOD AVE, APT #A210 CAPE CANAVERAL, FL 32920</b>
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2. Principal Place of Business <b>8700 Ridgewood Ave.</b> Suite, Apt. #, etc. <b>A208</b>	3. Mailing Address <b>8700 Ridgewood Ave.</b> Suite, Apt. #, etc. <b>A208</b>
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City & State <b>Cape Canaveral, FL.</b>	City & State <b>Cape Canaveral, FL.</b>
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Zip <b>32920</b>	Country <b>U.S.A.</b>	Zip <b>32920</b>	Country <b>U.S.A.</b>
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04022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>56-1358502</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GRACE, WALLACE B</b> <b>8700 RIDGEWOOD AVE, APT #A210</b> <b>CAPE CANAVERAL, FL 32920</b>	
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7. Name and Address of New Registered Agent Name <b>Wallace B. Grace</b> Street Address (P.O. Box Number is Not Acceptable) <b>8700 Ridgewood Ave. Apt A208</b> City <b>Cape Canaveral</b> FL Zip Code <b>32920</b>	
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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 <i>Wallace B. Grace</i> <b>WALLACE B. GRACE</b> <i>SECRETARY</i> <b>X 4-8-04</b>	(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JAN 1224 DEVONSHIRE AVENUE HIGH POINT, NC 27262 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACE, WALLACE 8700 RIDGEWOOD AVENUE APT #A-210 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wallace B. Grace</b> <b>8700 Ridgewood Ave. Apt A208</b> <b>Cape Canaveral, FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE, JOYCE 8700 RIDGEWOOD AVENUE APT #A-210 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joyce Grace</b> <b>8700 Ridgewood Ave. Apt A208</b> <b>Cape Canaveral, FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: <i>Wallace B. Grace</i> <b>WALLACE B. GRACE</b> <i>X 4-8-04</i> <b>X 221-783-6072</b>	Date <b>4-8-04</b>	Daytime Phone # <b>221-783-6072</b>
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