


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000099011 1. Entity Name SUPREME EQUIPMENT X-CHANGE, INC.	
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Principal Place of Business 8700 RIDGEWOOD AVE. A208 CAPE CANAVERAL, FL 32920 US	Mailing Address 8700 RIDGEWOOD AVE. A208 CAPE CANAVERAL, FL 32920 US
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1358502	Applied For 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  GRACE, WALLACE B 8700 RIDGEWOOD AVE, APT #A208 CAPE CANAVERAL, FL 32920
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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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JAN 1224 DEVONSHIRE AVENUE HIGH POINT, NC 27262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACE, WALLACE B 8700 RIDGEWOOD AVE. APT A208 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE, JOYCE 8700 RIDGEWOOD AVE. A208 CAPE CANAVERAL, FL 32920
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000000667308  
03/26/07-80023-009 150.00

**DO NOT WRITE IN THIS SPACE**

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: <i>X Wallace B Grace</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>X 3-13-07</i> Date	<i>X 321-783-6672</i> Daytime Phone #
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