

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099011

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: SUPREME EQUIPMENT X-CHANGE, INC.

## Current Principal Place of Business:

8700 RIDGEWOOD AVE.  
A208  
CAPE CANAVERAL, FL 32920 US

## New Principal Place of Business:

## Current Mailing Address:

8700 RIDGEWOOD AVE.  
A208  
CAPE CANAVERAL, FL 32920 US

## New Mailing Address:

FEI Number: 56-1358502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRACE, WALLACE B  
8700 RIDGEWOOD AVE, APT #A208  
CAPE CANAVERAL, FL 32920 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COLLINS, JAN  
Address: 1224 DEVONSHIRE AVENUE  
City-St-Zip: HIGH POINT, NC 27262

Title: STD ( ) Delete  
Name: GRACE, WALLACE B  
Address: 8700 RIDGEWOOD AVE. APT A208  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: GRACE, JOYCE  
Address: 8700 RIDGEWOOD AVE. A208  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: WALLACE GRACE

STD

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date