2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000107243

1. Entity Name

SUPÉRIOR AERIAL PHOTOGRAPHY, INC.



Principal Place of Business

21767 HIGH PINE TRAIL BOCA RATON, FL 33428 Mailing Address

21767 HIGH PINE TRAIL BOCA RATON, FL 33428

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90407 030 ***158.75

50008445



02042006

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DUDLEY, EVERETT H JR. 21767 HIGH PINE TRAIL BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

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8. The above named entity subplies 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 of printed name of registered agent and title if applicable. NOTE Registered Agent eignature required when refinistating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, HELENMARY R HQV COPRS, CMR 420, BOX 976 APO, AE 090630976				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DUDLEY, EVERETTE H III HQV CORPS, CMR 420, BOX 976 APO, AE 090630976				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TIPLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 certify that I am an officer or director.					

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.