

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116625

FILED  
Jan 22, 2006  
Secretary of State

Entity Name: SUPERFOOT INC.

## Current Principal Place of Business:

2544 EAGLES CROSSING DR.  
CLEARWATER, FL 33762 US

## New Principal Place of Business:

6099 SUMMERLAKE DRIVE  
PORT ORANGE, FL 32127 US

## Current Mailing Address:

2544 EAGLES CROSSING DR.  
CLEARWATER, FL 33762 US

## New Mailing Address:

6099 SUMMERLAKE DRIVE  
PORT ORANGE, FL 32127 US

FEI Number: 33-0859850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, KIM  
2544 EAGLES CROSSING DRIVE  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

WALLACE, KIM  
6099 SUMMERLAKE DRIVE  
PORT ORANGE, FL 32127 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: KIM M. WALLACE

01/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SECR ( ) Delete  
Name: BRUSCINO, MARY SECRETA  
Address: 500 TRINITY LANE APT. #6203  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PRES ( ) Delete  
Name: WALLACE, WILLIAM L PRESIDE  
Address: 500 TRINITY LANE APT. #6203  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP ( ) Delete  
Name: WALLACE, KIM M VICE PR  
Address: 500 TRINITY LANE APT. #6203  
City-St-Zip: ST. PETERSBURG, FL 33716

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECR (X) Change ( ) Addition  
Name: BRUSCINO, MARY SECRETA  
Address: 6099 SUMMERLAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: PRES (X) Change ( ) Addition  
Name: WALLACE, WILLIAM L PRESIDE  
Address: 6099 SUMMERLAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change ( ) Addition  
Name: WALLACE, KIM M VICE PR  
Address: 6099 SUMMERLAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM M. WALLACE

VP

01/22/2006

Electronic Signature of Signing Officer or Director

Date