2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # P01000021623 1. Entity Name SUPERIOR MARKETING SERVICES, INC. Principal Place of Business Mailing Address 1810 NW 6TH ST. 1810 NW 6TH ST. SUITE B SUITE B GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 52-2297548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAUDABAUGH, MARK R DO NOT WRITE 6520 N.W. 38TH TERRACE GAINESVILLE, FL 32653 IN THIS SPACE 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 SIGNATURE Signature typed or privided name of registered agent and lide if applicable (NOTE Registered Agent aignature required when reinstating): 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000061324 02/23/04-80075-014 150.00 NAME RAUDABAUGH, MARK R 6520 N.W. 38TH TERRACE STREET ADDRESS GAINESVILLE, FL 32653 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STRUET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE 1000 NAME STREET AUDRESS CITY - \$1 - ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section f19.07(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 wity,an address, with all other like empowered.

NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #