2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000021623

SUPERIOR MARKETING SERVICES, INC.



US

FILED Jan 27, 2006 08:00 AN **Secretary of State**

Principal Place of Business

1810 NW 6TH ST.

SUITE B

GAINESVILLE, FL 32609

Mailing Address

1810 NW 6TH ST.

SUITE B

GAINESVILLE, FL 32609



No Cha-P CR2E034 (11/05) 01172006

4. FEI Number 52-2297548

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAUDABAUGH, MARK R

DO NOT WOITE

6520 N.W. 38TH TERRACE GAINESVILLE, FL 32653			HIS SPACE	
The above named entity submits this statement for the obligations of registered agent.	e purpose of changing its registere	d office or registered agent, or both	i, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE Signalure, typed or printed name of registered agent and t	title if applicable (NOTE Registered	Agent signature required when reinstating)	DATE	-
FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10. OFFICERS AND DIF TIFLE D NAME RAUDABAUGH, MARK R STREET ADDRESS 6520 N.W. 38TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32653	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000403443 02/06/06-80007-089 150	.13
TIFLE NAME STRELT ADDRESS CITY-ST-ZIP			NOT WRITE	
title Name Street address City-St-Zip	-	T NI	THIS SPACE	***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SY-ZIP				

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT