2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 29, 2006 8:00 am Secretary of State DOCUMENT # P01000080111 08-29-2006 90004 044 ***550.00 SUPÉRIOR BUILDING MAINTENANCE INC. Principal Place of Business Mailing Address 4601 SW 42ND AVE. 4601 SW 42ND AVE. 50026657 FT. LAUDERDALE, FL 33314 FT. LAUDERDALE, FL 33314 2. Principal Place of Business 3. Mailing Address 4030 S.W. 30th Ave. P.O. BOX 290172 Suite, Apt. #, etc Suite, Apt. #, etc. 08222006 CR2E034 (11/05) Cha-P Davie +2 City & State City & State 4. FEI Number Applied For Florida poomerion 65-1130105 Not Applicable Country \$8.75 Additional 5.~ Certificate of Status Desired 33329 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYLER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5942 TRIPHAMMER RD. LAKE WORTH, FL 33463 Zip Code 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 the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 мау Ве Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Scott Parrish-Dwner & Change TITLE Delete TITLE NAME REID, MICHELLE NAME 4030 S.W. 30+h Avenue 4601 SW 42ND AVE. STREET ADDRESS STREET ADDRESS HOllywood, FL 33312 CITY-ST-ZIP FT. LAUDERDALE, FL 33314 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change noithba 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP lear with this filling does polyqualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information apport 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered. I hereby certify that the information supplied indicated on this report or supplemental ep of the corporation or the receiver or trustee changed, or on an attachment with SIGNATURE: D OR PRINTED NAME OF SIGNING OFFICER O

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