


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90163 007 \*\*\*150.00

DOCUMENT # P01000113502		
1. Entity Name SUA ADVERTISING, INC.		

Principal Place of Business 5732 OLD CHENEY HWY ORLANDO, FL 32807	Mailing Address 5732 OLD CHENEY HWY ORLANDO, FL 32807
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2. Principal Place of Business 1417 N. SEMORAN BLVD. Suite, Apt. #, etc. Suite 202 City & State ORLANDO, FL Zip 32807	Country ORANGE	3. Mailing Address 1417 N. SEMORAN BLVD. Suite, Apt. #, etc. Suite 202 City & State ORLANDO, FL Zip 32807	Country ORANGE
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40077970

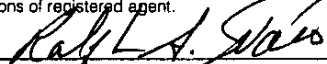


04252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3760803	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUAREZ, RALPH A 5732-OLD-CHENEY-HWY. ORLANDO, FL 32807	7. Name and Address of New Registered Agent Name Suarez, Ralph A. Street Address (P.O. Box Number is Not Acceptable) 1417 N. SEMORAN BLVD. Suite 202 City ORLANDO FL Zip Code 32807
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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 	DATE 4/28/06
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUAREZ, RALPH A 7808 GILLINGHAM COURT ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	DATE 4/28/06	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		