

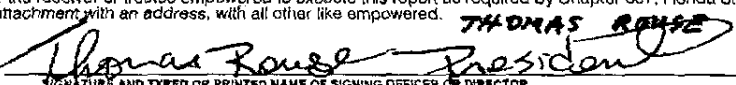


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000064742		
1. Entity Name SUPERIOR BOATS INC.		
Principal Place of Business 6929 US 19 NEW PORT RICHEY, FL 34652	Mailing Address 6929 US 19 NEW PORT RICHEY, FL 34652	
DO NOT WRITE IN THIS SPACE		
		
01052006 No Chg-P CR2E034 (11/05)		
4. FEI Number 71-0898514		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROGERS, NORMAN D 3905 VERSAILLES DR TAMPA, FL 33634		DO NOT WRITE 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 the obligations of registered agent		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee 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
		DATE 04/11/06-80036-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ROUSE, THOMAS PO BOX 776 ODESSA, FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, NORMAN D 3905 VERSAILLES DR TAMPA, FL 335643923	
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DO NOT WRITE IN THIS SPACE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		THOMAS ROUSE President 3/22/06 727-848-7715 <small>Date Daytime Phone #</small>