

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085514

FILED
Apr 15, 2006
Secretary of State

Entity Name: SUPERIOR MANAGERIAL CONSULTANTS INCORPORATED

Current Principal Place of Business:

7728 NAVARRE PARKWAY
SUITE 507
NAVARRE, FL 32566 US

New Principal Place of Business:

New Mailing Address:

P.O. BOX 9471
HURLBURT FIELD, FL 32544 US

Current Mailing Address:

P.O. BOX 5399
NAVARRE, FL 32566 US

FEI Number: 75-3115097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, JERRILYN N
P.O BOX 5399
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

CHRISTOPHER, JERRILYN N
P.O BOX 9471
HURLBURT FIELD, FL 32544 US

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.

SIGNATURE: _____

04/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHRISTOPHER, JERRILYN N
Address: 7728 NAVARRE PKWY STE. 507
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: BRIDGES, DOROTHY S
Address: 301 HUNTER RD
City-St-Zip: LENA, MS 39094 US

Title: TREA () Delete
Name: SHORTER, SHAKISKEA R
Address: 940 ASHLEY LANE APT. I
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SEC () Delete
Name: CLARK, BRENDLYN C
Address: 5740 MAYBERRY AVE
City-St-Zip: ALTA LOMA, CA 94737 US

Title: D () Delete
Name: CHRISTOPHER, TRACY
Address: 7728 NAVARRE PKWY STE. 507
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMITH, WILLIFORD
Address: 2026 CORANDO STREET
City-St-Zip: WAUKESHA, WI 53186 US

Title: TREA (X) Change () Addition
Name: SHORTER, SHAKISKEA R
Address: 2283 BRADFORD PLACE APT. I
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRILYN

PRES

04/15/2006

Electronic Signature of Signing Officer or Director

Date