## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000121926

City-St-Zip:

FILED May 30, 2007 Secretary of State

Entity Name: SUPERIOR PRIDE, INC. **Current Principal Place of Business: New Principal Place of Business:** 8412 COLTON STREET 10066 103RD ST. #201 JACKSONVILLE, FL 32221 JACKSONVILLE, FL 32210 US **Current Mailing Address: New Mailing Address:** 8412 COLTON STREET PO BOX 24668 JACKSONVILLE, FL 32221 JACKSONVILLE, FL 32241 FEI Number: 20-0345426 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREEN, KEVIN M.A. HERNANDEZ TAX, INC. PO BOX 24668 3617-2 CROWN POINT RD JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32257 US 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: KEVIN GREEN 05/30/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition ODOM, LIVIO GENE ODOM, LIVIO GENE Name: Name: 8412 COLTON STREET 8412 COLTON STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221 Title: () Delete Title: VPD ( ) Change (X) Addition Name: Name: SHELDON, FRANKLIN J 14880 YELLOW WATER LANE Address: Address: JACKSONVILLE, FL 32234 US City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete D Name: MESSER, ROBIN Name: 8412 COLTON STREET Address Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

JACKSONVILLE, FL 32221 US

SIGNATURE: LIVIO ODOM P 05/30/2007