2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2008 08:00 A Secretary of State 7 DOCUMENT # P03000153397 SUPREME SALES AND SERVICE, INC. Principal Place of Business Mailing Address 1529 LAKESIDE DR 1529 LAKESIDE DR DELAND, FL 32720 DELAND, FL 32720 A CONTRACTOR OF THE PROPERTY O 03062008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2677364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUELLER, BRUCE R DO NOT WRITE 1529 LAKESIDE DR DELAND, FL 32720 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. Signature, typed or printed hathe of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE NAME t MUELLER, BRUCE R STREET ADDRESS 1529 LAKESIDE DR CITY-ST-ZIP DELAND, FL 32720 TITLE NAME 04/03/08-80090-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Daybrie Phone #

FILED