2005 FOR PROFIT CORPORATION ANNUAL REPORT

TALLAHASSEE SUPERSQUADS INC. 2005 JUL - 8 PM I2: 52 Piropal Place of Business 1839 PORTLAND AVE. APT. #A TALLAHASSEE, FL 32303 2. Principal Place of Business 1839 PORTLAND AVE. APT. #A TALLAHASSEE, FL 32303 2. Principal Place of Business 3. Mailing Address TALLAHASSEE, FL 32303 2. Principal Place of Business 3. Mailing Address 3.	DOCUMENT # P04000050048 1. Entity Name				
TALLAHASSEE, FL 32303	TALLAHA	ASSEE SUPERSQUADS IN	C.		2005 JUL -8 PM I2: 52
2. Principal Place of Business Sulle, Apt. #, etc. City & State	1839 PORTLAND AVE. APT. #4		1839 PORTLAND AVE. Apt. #4	U3	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For					
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Name and Address of Current Registered Agent St. Gertificate of Status Desired St. 75 Additional For Registered Agent To Name and Address of New Registered Agent To Name and Address To Name an					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) APT. 44 TALLAHASSEE, FL 32303 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE: TRILE HOWILI FEE 18 3150.00 Due by September 7, 2005 P. Election Campaign Financing Trust Fund Contribution. **NOTE Registered Agent agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the comporation did not receive the prior notice. SIGNATURE: **OCHAPT TALLAHASSEE, FL 32303** **OCHAPT TALLAHASSEE, FL 32303** **INSTATURE: **OCHAPT TALLAHASSEE, FL 32303** **I					Not Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zip			Country	Fee Required
Stroot Address (P.O. Box Number is Not Acceptable) APT: ## TALLAHASSEE, FL 32303 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Lam temiliar with, and accept the obligations of registered agent. SIGNATURE: City FL Zip Code			Registered Agent	Name	7. Name and Address of New Registered Agent
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