2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098869

Entity Name: A SUPERIOR SIGNS INC.

13956 MAGNOLIA GLEN CIR

ORLANDO, FL 32828

Address: City-St-Zip: FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ORSYTH RD. PARK, FL 32792	US			
Current Mailing Address:			New Mailing Address:		
	ORSYTH RD. PARK, FL 32792	US			
FEI Number	: 20-1325015	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:					
	GNOLIA GLEN C	EIR JS			
	named entity sule of Florida.	bmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D SHIMAN, DANIEL 13956 MAGNOLIA ORLANDO, FL 32	E AGLEN CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D SHIMAN, CRAIG L 13956 MAGNOLIA ORLANDO, FL 32	A GLEN CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TRES () D SHIMAN, STUART		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: STUART SHIMAN TRES 04/27/2009