

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121205

FILED
Apr 27, 2005
Secretary of State

Entity Name: SUPREME TRANSACTION SERVICES, INC.

Current Principal Place of Business:

6920 SCOTT STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

17775 84TH CT. NORTH
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

6920 SCOTT STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

17775 84TH CT. NORTH
LOXAHATCHEE, FL 33470 US

FEI Number: 20-1522504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SHARI
6920 SCOTT STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

ROBERTS, SHARI
17775 84TH CT. NORTH
LOXAHATCHEE, FL 33470 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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: ROBERTS, SHARI
Address: 6920 SCOTT STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete
Name: ROBERTS, SHARI
Address: 6920 SCOTT STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: ROBERTS, SHARI
Address: 17775 84TH CT. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D (X) Change () Addition
Name: ROBERTS, SHARI
Address: 17775 84TH CT. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARI ROBERTS

PVTs

04/27/2005

Electronic Signature of Signing Officer or Director

Date