2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 17, 2006 08:00 AM DOCUMENT # P04000133675 Secretary of State 1. Entity Name SUPERIOR RENOVATIONS, INC. Principal Place of Business Mailing Address 3620 GENERAL MARSHAL ROAD DAYTONA BEACH FL 32124 3620 GENERAL MARSHAL ROAD DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 32-0127746 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESSER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 3620 GENERAL MARSHALL ROAD DAYTONA BEACH FL 32124 Zip Code City 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or project name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE P/D ☐ Delete TITLE ☐ Change ☐ Addition NAME ESSER, ROBERT M MAME U00000470739 03/28/06-80025-021 150.00 STREET ADDRESS 3620 GENERAL MARSHALL ROAD STREET ADDRESS COV-ST-ZIP DAYTONA BEACH FL 32124 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete THE MAMIC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Made MARKE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIF Defete TITLE □ ee NAME STREET ADDRESS STREET ADDRESS CITY -S1 - DP CITY-ST-ZIP Delete ☐ Chance T Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS C)TY-ST-21P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Cary-ST-ZIP CLTY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address with all other the empowered.

FILED

3-3-06