

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135809

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SUPERIOR SURPLUS SOLUTIONS, INC.

## Current Principal Place of Business:

3815 N US 1 STE 25  
COCOA, FL 32926

## New Principal Place of Business:

3815 N US 1  
SUITE 16  
COCOA, FL 32926

## Current Mailing Address:

3815 N US 1 STE 25  
COCOA, FL 32926

## New Mailing Address:

3815 N US 1  
SUITE 16  
COCOA, FL 32926

FEI Number: 11-3729325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUMES, DAVID  
3815 N US 1  
SUITE 25  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

HUMES, DAVID  
3815 N US 1  
SUITE 16  
COCOA, FL 32926 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HUMES, DAVID  
Address: 3815 N US 1 STE 25  
City-St-Zip: COCOA, FL 32926

Title: VTD ( ) Delete  
Name: HUMES, ALAN  
Address: 3815 N US 1 STE 25  
City-St-Zip: COCOA, FL 32926

Title: V ( ) Delete  
Name: HUMES, NAYANTARA  
Address: 3815 N US 1 STE 25  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: BAILLARGEON, MELANIE  
Address: 3815 N US 1 STE 25  
City-St-Zip: COCOA, FL 32926

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUMES, DAVID  
Address: 3815 N US 1 STE 16  
City-St-Zip: COCOA, FL 32926

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HUMES, NAYANTARA  
Address: 3815 N US 1 STE 16  
City-St-Zip: COCOA, FL 32926

Title: S (X) Change ( ) Addition  
Name: BAILLARGEON, MELANIE  
Address: 3815 N US 1 STE 16  
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DAVID HUMES

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date