


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000005405</b> 1. Entity Name <b>SUPER W MEDIA GROUP INC.</b>	
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Principal Place of Business <b>630 MOUNTAIN LAKE CUT OFF RD. LAKE WALES, FL 33859</b>	Mailing Address <b>630 MOUNTAIN LAKE CUT OFF RD. LAKE WALES, FL 33859</b>
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01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-1907772</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CUBERO, ROBERTO 630 MOUNTAIN LAKE CUT OFF RD. LAKE WALES, FL 33859</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 accept the obligations of registered agent.

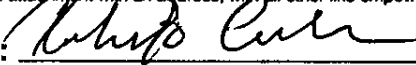
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000794254</b> <b>01/25/08-80041-017 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CUBERO, ROBERTO 630 MOUNTAIN LAKE CUT OFF RD. LAKE WALES, FL 33859</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>CZUCHAJ, CARL 1528 HEMPEL AVE. GOTHA, FL 32734</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>KARP, BONNIE 1528 HEMPEL AVE. GOTHA, FL 32734</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-08**

Date

**463-679-7178**

Daytime Phone #