

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064662

FILED
Mar 13, 2009
Secretary of State

Entity Name: SUPERIOR WATER TREATMENT, INC.

Current Principal Place of Business:

15392 ALDAMA CIRCLE
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

198 JADE STREET
ROTONDA WEST, FL 33947 US

Current Mailing Address:

PO BOX 378
PLACIDA, FL 33946 US

New Mailing Address:

FEI Number: 20-2782233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBRIDGE, C KELLY
240 NOKOMIS AVE S STE 200
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BURKE, TIMOTHY P
Address: 15392 ALDAMA CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BURKE, TIMOTHY P
Address: 198 JADE STREET
City-St-Zip: ROTONDA WEST, FL 33947 US

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.

SIGNATURE: TIMOTHY P. BURKE

DPT

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date