

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095057

FILED
Jul 26, 2006
Secretary of State

Entity Name: SUPER SCIENCE AND AMAZING ART CORP

Current Principal Place of Business:

5620 SHERBORN DRIVE
SUITE 102
NAPLES, FL 34110

New Principal Place of Business:

5620 SHERBORN DRIVE
SUITE 102
NAPLES, FL 341109048 US

Current Mailing Address:

5620 SHERBORN DRIVE
SUITE 102
NAPLES, 34110

New Mailing Address:

5620 SHERBORN DRIVE
PO BOX 111116
NAPLES, FL 341080119 US

FEI Number: 20-3055152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEITMEN, GLEN M
5620 SHERBORN DRIVE #102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BEITMEN, GLEN M
5620 SHERBORN DRIVE #102
NAPLES, FL 341109048 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:

07/26/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEITMEN, GLEN M
Address: 5620 SHERBORN DRIVE SUITE 102
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: AVAYOU, SARAH E
Address: 5620 SHERBORN DRIVE SUITE 102
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Delete
Name: GIFFORD, EDMUND C II
Address: 5620 SHERBORN DRIVE SUITE 102
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEITMEN, GLEN M
Address: 5620 SHERBORN DRIVE SUITE 102
City-St-Zip: NAPLES, FL 341109048 US

Title: T (X) Change () Addition
Name: GIFFORD, EDMUND C II
Address: 5620 SHERBORN DRIVE SUITE 102
City-St-Zip: NAPLES, FL 341109048 US

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

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: EDMUND C GIFFORD II

T

07/26/2006

Electronic Signature of Signing Officer or Director

Date