

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90390 020 \*\*\*150.00

<b>DOCUMENT # P06000041305</b> 1. Entity Name <b>SUPERIOR AMERICAN DESIGN, INC.</b>					
Principal Place of Business <b>3280-55A TAMiami TRAIL SUITE 133 PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>3280-55A TAMiami TRAIL SUITE 133 PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business - No P.O. Box # <b>3280-55A Tamiami TR</b>		3. Mailing Address Suite, Apt. #, etc. <b>ste 133</b>			
City & State <b>Port Charlotte FL</b>		City & State <b>Port Charlotte FL</b>		4. FEI Number <b>20-4551684</b>	
Zip <b>33952</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLACKBEER, LAWRENCE 3280-55A TAMiami TRAIL SUITE 133 PORT CHARLOTTE, FL 33952</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BLACKBEER, LAWERENCE 3280-55A TAMiami TRAIL STE 133 PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Lawrence Black</u> <u>Lawrence Blackbeer 4/20/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					