

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157761

FILED  
Feb 25, 2010  
Secretary of State

**Entity Name:** SUPERIOR STORM SECURITY INC.

**Current Principal Place of Business:**

3063 SE GALT CIRCLE  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

3063 SE GALT CIRCLE  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 20-8137967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PYE, CHRISTOPHER A  
3063 SE GALT CIRCLE  
PORT SAINT LUCIE, FL 34984 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:** P  
**Name:** PYE, CHRISTOPHER A  
**Address:** 3063 SE GALT CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** V  
**Name:** PYE, TRINNA M  
**Address:** 3063 SE GALT CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

I hereby 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 all other like empowered.

**SIGNATURE:** CHRIS A. PYE

PRES

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date