

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033049

Entity Name: SUPERFUELS, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

1759 W BROADWAY STREET SUITE 6
OVIEDO, FL 327658128

New Principal Place of Business:

Current Mailing Address:

1759 W BROADWAY STREET SUITE 6
OVIEDO, FL 327658128

New Mailing Address:

FEI Number: 20-8637980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE SUITE 1500
ORLANDO, FL 32803 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: D () Delete
Name: LILES, DAVID
Address: 1759 W BROADWAY STREET SUITE 6
City-St-Zip: OVIEDO, FL 327658128

Title: D () Delete
Name: LILES, CHRISTY
Address: 1759 W BROADWAY STREET SUITE 6
City-St-Zip: OVIEDO, FL 327658128

Title: D () Delete
Name: BURGESS, EARL
Address: 1759 W BROADWAY STREET SUITE 6
City-St-Zip: OVIEDO, FL 327658128

Title: D () Delete
Name: WHITWORTH, GENE
Address: 1759 W BROADWAY STREET SUITE 6
City-St-Zip: OVIEDO, FL 327658128

Title: D (X) Delete
Name: TULP, LOUIS P
Address: PO BOX 621024
City-St-Zip: OVIEDO, FL 327621024

Title: D (X) Delete
Name: SPEARS, S WAYNE
Address: 546 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 327658128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SPEARS, S WAYNE
Address: 546 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 327658128

Title: D (X) Change () Addition
Name: TULP, LOUIS P
Address: PO BOX 621024
City-St-Zip: OVIEDO, FL 327621024

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

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

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: DAVID LILES

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date