


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90018 049 \*\*\*150.00

<b>DOCUMENT # P94000008938</b>					
1. Entity Name SUPRA TELECOMMUNICATIONS AND INFORMATION SYSTEMS, INC.					
Principal Place of Business 2901 SW 149TH AVENUE MIRAMAR, FL 33027 US			Mailing Address 2901 SW 2149TH AVENUE MIRAMAR, FL 33027 US		
2. Principal Place of Business 1 000LEGION PLACE			3. Mailing Address		
Suite, Apt. #, etc. SUITE 800			Suite, Apt. #, etc.		
City & State ORLANDO, FLORIDA			City & State		
Zip 32801	Country	Zip	Country	4. FEI Number 65-0468554	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUNDAY, ESTHER A 2901 SW 149TH AVENUE, SUITE 300 MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name MARVA B. JOHNSON Street Address (P.O. Box Number is Not Acceptable) 1000 Legion Place Suite 1600, 16th Floor City Orlando FL Zip Code 32801	
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 MARVA B. JOHNSON, General Counsel <i>Marva B. Johnson</i> 1-31-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE					
<b>FILE NOW!!! FEE IS \$150.00 -- After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	SEC CHAIKEN, BRIAN 2901 SW 149TH AVENUE, SUITE 300 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MARVA B. JOHNSON 1000-Legion Place, Suite 1600 Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KENNETH, MEISTER 2901 SW 149TH AVENUE, SUITE 300 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KENNETH MEISTER 1000 Legion Place, Suite 1600 Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" 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		
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		
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		
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: MARVA B. JOHNSON <i>Marva B. Johnson</i> 1-31-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407-835-0576					