

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90041 023 ***158.75

DOCUMENT # P94000061685 1. Entity Name A1A SUPERIOR LOCK & SAFE, INC.		Secretary of State 02-13-2006 90041 023 ***158.75																																																																																																																																																																	
Principal Place of Business 1417 N. OCEAN BLVD. POMPAÑO BEACH, FL 33062		Mailing Address 140 ROYAL PALM CT PLANTATION, FL 33317																																																																																																																																																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																																																	
6. Name and Address of Current Registered Agent WARD, DALAN 1417 N. OCEAN BLVD. POMPAÑO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____																																																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">D</td><td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td><td style="width:80%;">WARD, DALEN</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>1417 N. OCEAN BLVD.</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>POMPAÑO BEACH, FL 33062</td><td></td><td></td></tr><tr><td>TITLE</td><td>V</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>PRIDDY, S D</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>1417 N. OCEAN BLVD.</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>POMPAÑO BEACH, FL 33062</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>		TITLE	D	<input type="checkbox"/> Delete	WARD, DALEN	NAME				STREET ADDRESS	1417 N. OCEAN BLVD.			CITY-ST-ZIP	POMPAÑO BEACH, FL 33062			TITLE	V	<input type="checkbox"/> Delete	PRIDDY, S D	NAME				STREET ADDRESS	1417 N. OCEAN BLVD.			CITY-ST-ZIP	POMPAÑO BEACH, FL 33062			TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">D</td><td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td><td style="width:80%;">Ward Dalen</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>140 Royal Palm Ct</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Plantation, FL 33317</td><td></td><td></td></tr><tr><td>TITLE</td><td>V</td><td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td><td>Priddy S. Dianne</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>140 Royal Palm Ct</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Plantation, FL 33317</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Ward Dalen	NAME				STREET ADDRESS	140 Royal Palm Ct			CITY-ST-ZIP	Plantation, FL 33317			TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Priddy S. Dianne	NAME				STREET ADDRESS	140 Royal Palm Ct			CITY-ST-ZIP	Plantation, FL 33317			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP			
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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>S. Dianne Priddy</u> 2-7-06 9543257015 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																																			