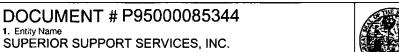
2006 FOR PROFIT CORPORATION

ANNUAL REPORT





FILED May 12, 2006 8:00 am Secretary of State 05-12-2006 90026 042 ***150.00

SUPERIC	OR SUPP	ORT SERVICES,	INC.							
Principal Place 18761 N.W. PEMBROKE	5TH STREET	Ī		Mailing Address 18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029					KER IKII SIGII BI	
Principal Place of Business 3.			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262006	Chg-P	CR2EC	34 (11/05)	
_City & State		-City & State -			4. FEI Number 65-0640				pplied For ot Applicable	
Zip			Zip				f Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MULLING 18761 N.V				Name Street Addres		s (P.O. Box Number	is Not Acceptable)		
PEMBROKE PINES, FL. 33029								.		
*				City				FL	*	
8. The above the obliga	e named entit tions of regist	y submits this statement for lered agent.	or the purpose of changing	its registere	ed office or regist	ered agent, or both	i, in the State of Flo	orida. I am	familiar with	, and accept
SIGNATURE.	Signature, typed	or printed name of registered agen	t and title if applicable. (No	OTE: Registered	d Agent signature requir	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contrib										
					·	5.00 May Be ided to Fees				
	ay 1, 200		Trust Fund Co		·	ided to Fees	HANGES TO OFF	ICERS AND	D DIRECTOR	RS IN 11
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I hereby certify that the information supplied with this filling 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:

LloyDM Willings SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR