

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90059 003 ***150.00

DOCUMENT # P95000085344 1. Entity Name SUPERIOR SUPPORT SERVICES, INC.			
Principal Place of Business 18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029		Mailing Address 18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029	
2. Principal Place of Business - No P.O. Box # 17310 TANGERINE Blvd Suite, Apt. #, etc.		3. Mailing Address TANGERINE Blvd. Suite, Apt. #, etc.	
City & State Koxahatchee FL Zip 33470-		City & State Koxahatchee, FL Zip 33470	
Country USA		Country USA	
4. FEI Number 65-0640690		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLINGS, LLOYD ST. P 18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Mullings, Lloyd St. P Street Address (P.O. Box Number is Not Acceptable) 17310 TANGERINE Blvd. City Koxahatchee FL Zip Code 33470	
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 <u><i>Lloyd Mullings</i></u> DATE <u>04/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLINGS, LLOYD 18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Mullings, Lloyd 17310 TANGERINE Blvd Koxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Lloyd Mullings</i></u> / <u><i>LLOYD ST. P Mullings</i></u> 04/28/07 (561) 792-0215 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			