FILED
Mar 22, 2005 8:00 am
Secretary of State
01-28-2005 90030 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000093969

1. Entity Name
SUPERCHANNEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
620 DOUGLAS AVENUE SUITE 1320 ALTAMONTE SPRINGS, FL 32714 US	POST OFFICE BOX 608877 ORLANDO, FL 32860

ALTAMONTE SPRINGS, FL. 32701

66006710

01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3357103 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWERS, CLAUD
~~4620 PARKBREEZE COURT~~ P.O. ~~BOX 608877~~
~~ORLANDO, FL 32860~~
~~Orlando, FL. 32860~~

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWERS, CLAUD
STREET ADDRESS	~~4620 PARKBREEZE COURT~~ P.O.BOX 608877
CITY-ST-ZIP	~~ORLANDO, FL 32860~~ Orlando, Fl. 32860
TITLE	TD
NAME	HALL, ELBERT
STREET ADDRESS	24312 BRIONES DRIVE
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CLAUD BOWERS
477 PICKFORD PT.
LONGWOOD, Fl. 32779

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

SUPERCHANNEL ENTERPRISES, INC
CLAUD BOWERS
620 DOUGLAS AVE.
SUITE 1302
ALTAMONTE SPRINGS, FL.
32701