2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093969

Entity Name: SUPERCHANNEL ENTERPRISES, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

27405 US HIGHWAY 27 SOUTH 27405 US HWY 27 SUITE 111 SUITE 111

LEESBURG, FL 34748 US LEESBURG, FL 34748 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 608877 ORLANDO, FL 32860

FEI Number: 59-3357103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOWERS, CLAUD 27405 US HIGHWAY 27 SOUTH 27405 US HWY 27 SUITE 111 SUITE 111

LEESBURG, FL 34748 US LEESBURG, FL 34748 US

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.

SIGNATURE: CLAUD BOWERS 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 BOWERS, CLAUD
 Name:
 BOWERS, CLAUD W

 Address:
 PO BOX 608877
 Address:
 PO BOX 608877

 Address:
 PO BOX 608877
 Address:
 PO BOX 608877

 City-St-Zip:
 ORLANDO, FL 32860
 City-St-Zip:
 ORLANDO, FL 32860

Title: TD () Delete Title: () Change () Addition
Name: HALL FLBERT Name:

 Name:
 HALL, ELBERT
 Name:

 Address:
 P O BOX 608877
 Address:

 City-St-Zip:
 ORLANDO, FL 32860
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUD W. BOWERS PD 03/24/2009