

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109864

Entity Name: SUPERLETTER.COM, INC.

FILED  
Jan 22, 2005  
Secretary of State

## Current Principal Place of Business:

419 QUAY ASSISI  
NEW SMYRNA BEACH, FL 32169

## New Principal Place of Business:

1 JOHN ANDERSON  
SUITE 519  
ORMOND BEACH, FL 32176

## Current Mailing Address:

PO BOX 1586  
NEW SMYRNA BEACH, FL 321701586

## New Mailing Address:

PO BOX 4148  
ORMOND BEACH, FL 32175 US

FEI Number: 59-3604602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIOTT, SANDRA  
419 QUAY ASSISI  
NEW SMYRNA BEACH, FL 32169 US

## Name and Address of New Registered Agent:

ELLIOTT, SANDRA  
P.O. BOX 4148  
ORMOND BEACH, FL 32175 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: SANDRA K. ELLIOTT

01/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHN SCHULTHEISS, CHRISTOPHER  
Address: 419 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: JOHN SCHULTHEISS, CHRISTOPHER J CEO  
Address: P.O. BOX 4148  
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: MS. ( ) Change (X) Addition  
Name: ELLIOTT, SANDRA K CFO  
Address: 1 JOHN ANDERSON  
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA K. ELLIOTT

CFO

01/22/2005

Electronic Signature of Signing Officer or Director

Date