


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V33371</b> 1. Entity Name SUPERIOR SWEEPING, INC.	
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Principal Place of Business 21301 POWERLINE RD STE 312 BOCA RATON, FL 33433	Mailing Address 21301 POWERLINE RD, SUITE 312 BOCA RATON, FL 33433 US
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01042005 No Chg-P CR2E034 (10/03)

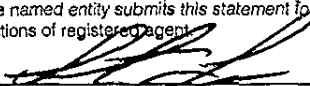
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0353592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  SHAPIRO, MICHAEL B ESQUIRE 7777 GLADES ROAD SUITE 200 BOCA RATON, FL 33063
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**DO NOT WRITE  
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST LEVIN, STEVEN 21301 POWERLINE RD, SUITE 312 BOCA RATON, FL 33433
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01/24/05-80011-019 150.00

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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)(f), 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:  1/15/05 5618831412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #