

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49815

Entity Name: SUPERCHIPS, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

1790 EAST AIRPORT BLVD  
SANFORD, FL 32773 US

## New Principal Place of Business:

## Current Mailing Address:

1790 EAST AIRPORT BLVD  
SANFORD, FL 32773 US

## New Mailing Address:

FEI Number: 65-0356451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, DEBRA A  
1790 EAST AIRPORT BLVD  
SANFORD, FL 32773 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: CARLIN, TOM  
Address: 1790 EAST AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete  
Name: MARTINEZ, DAVE  
Address: 1790 EAST AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SCFO (X) Change ( ) Addition  
Name: BELTRAME, JAMES M  
Address: 1490 HENRY BRENNAN  
City-St-Zip: EL PASO, TX 79936

Title: D (X) Change ( ) Addition  
Name: SPIVY, GREGORY P  
Address: 435 PACIFIC AVE 4TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94133

Title: D ( ) Change (X) Addition  
Name: MORFIT, G MASON  
Address: 435 PACIFIC AVE 4TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94133

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: JAMES M BELTRAME

SCFO

04/30/2008

Electronic Signature of Signing Officer or Director

Date