


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000005274


1. Entity Name
SPOLI, CORP.



Principal Place of Business Mailing Address

1157 JOHN ANDERSON DR 1157 JOHN ANDERSON DR
ORMOND BEACH, FL 32118 ORMOND BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

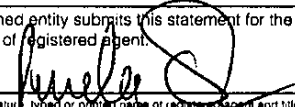
4. FEI Number 59-3458339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLI, PAMELA
44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

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:  DATE: 11/23/07

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

FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

3479 11/23/07

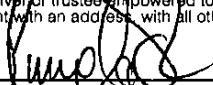
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLI, PAMELA
STREET ADDRESS	44 LIONS PAW GRAND
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	V
NAME	OLI, SAMPSON DR
STREET ADDRESS	44 LIONS PAW GRAND
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000602760
01/28/07-80103-022-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 11/23/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #