2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90325 014 ***150.00

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1. Entity Name
SPIDERWORKS, INC.

40071963

Principal Place of Business	Mailing Address
590 S. CENTRAL BLVD. APOPKA, FL 32703	C/O SOUTH BROWARD ACCOUNTING SERVICE 1152 N UNIVERSITY DR STE 202 PEMBROKE PINES, FL 33024

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
570 S. Central Ave	570 S. Central Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State: Apopka, FL
Zip: 32703-3206 Country: Orange	Zip: 32703-3206 Country: Orange

4. FEI Number: 65-1095049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROFFITT, SHAWN R
590 S. CENTRAL BLVD.
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name: Shawn R. Proffitt
Street Address (P.O. Box Number is Not Acceptable): 590 S. Central Ave
City: Apopka FL Zip Code: 32703-3206

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: Shawn R. Proffitt — Apr 25. 06
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PROFFITT, SHAWN R		NAME	
STREET ADDRESS	609 BROOKFIELD PLACE		STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Shawn R. Proffitt — Apr 25. 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #