
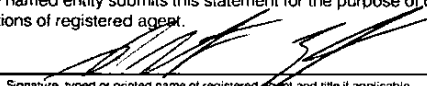
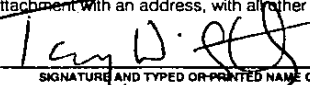


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90010 046 \*\*\*150.00

<b>DOCUMENT # P03000150107</b>					
1. Entity Name S/PEB, INC.					
Principal Place of Business 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301			Mailing Address 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0493249	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, PATRICIA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301			Name Robert Esposito		
			Street Address (P.O. Box Number is Not Acceptable) Stiles Corporation		
			300 SE 2nd Street		
			City Fort Lauderdale		FL
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 		Robert Esposito		January 31, 2008	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, JAMES W		NAME		
STREET ADDRESS	300 S.E. 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOREK, DONNA		NAME		
STREET ADDRESS	300SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS W		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, PATRICIA		NAME	Esposito, Robert	
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS	300 SE 2nd Street	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ROCCO		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		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: 		Terry W. Stiles		January 31, 2008 954-627-9300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

**ATTACHMENT**  
40029879  
# P03000150107  
**UNIFORM BUSINESS REPORT**

**11. CONTINUED**

**TITLE:** V ADDITION  
**NAME:** O'SHEA, DENNIS F.  
**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.  
**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301

**TITLE:** V ADDITION  
**NAME:** PALMER, STEPHEN R.  
**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.  
**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301