2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90047 002 ***150.00

DOCUMENT # P93000079728

1. Entity Name
SPECTRUM COMMERCIAL GROUP, INC.

Principal Place of Business	Mailing Address
~~3600 W. COMMERCIAL BLVD. STE. 216 FT. LAUDERDALE FL 33309~~ US	~~3600 W. COMMERCIAL BLVD. STE. 216 FT. LAUDERDALE FL 33309~~ US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
NEW ADDRESS: 1451 W. Cypress Creek Rd. Suite 300 Ft. Lauderdale, FL 33309	**NEW ADDRESS: 1451 W. Cypress Creek Rd. Suite 300 Ft. Lauderdale, FL 33309**
Zip / Country USA	Zip / Country USA

4. FEI Number 65-0448993 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVIN, ANITA P
3600 W COMMERCIAL BLVD
STE 216
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: ANITA P. LEVIN
Str: **NEW ADDRESS: 1451 W. Cypress Creek Rd. Suite 300**
City: **Ft. Lauderdale, FL 33309** FL Zip Code

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 [signature] 2/7/06
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
Make Check Payable to Florida Department of State

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	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEVIN, ANITA P.		NAME	
STREET ADDRESS	**NEW ADDRESS: 1451 W. Cypress Creek Rd. Suite 300 Ft. Lauderdale, FL 33309**		STREET ADDRESS	
CITY-ST-ZIP			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	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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 Section 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: [signature] 2/7/06 954928-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #