2007 FOR PROFIT CORPORATION ANNUAL REPORT.

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000041117

1. Entity Name

SPECTRO TECHNICAL SERVICES, INC.



FILED Feb 19, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1274 SW MELROSE AVE PORT ST LUCIE, FL 34953 1274 SW MELROSE AVE PORT ST LUCIE, FL 34953

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02142007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0571938 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional €

6. Name and Address of Current Registered Agent

UTEVSKAYA, OLGA 1274 SW MELROSE AVE. PORT ST LUCIE, FL 34953

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TONTOT	10016, 7 2 04000			IN.	HIS SPACE
the obligati	named entity submits this statement for the pions of registered agent	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept 02/15/07 DATE		
· FILI	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTEVSKAYA, OLGA 1274 S.W. MELROSE AVENUE PORT ST. LUCIE, FL 34953				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S KARK, ANDREY 1274 S.W. MELROSE AVENUE PORT ST. LUCIE, FL 34953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARK, GREGORY 1274 SW. MELROSE AVENUE PORT SAINT LUCIE, FL 34953			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN :	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Commence of the Section	7 (2.1 (2.5)) 23 (2.5)		100	
12. Thereby 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 eath; that I am an officer or director					

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

DESKITEN SKRY9

DIGA UTEVSKAYA

02/15/0

72)785-8957

Date

Daytime Phone #