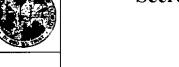
## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT DÖCUMENT # 486214** 1. Entity Name SPICE WORLD, INC. Principal Place of Business Mailing Address

**FILED** May 04, 2006 08:00 AM Secretary of State





## DO NOT WRITE IN THIS SPACE

8101 PRESIDENT'S DR.

ORLANDO, FL 32809

CR2E034 (11/05) 02242006 No Chg-P

59-1630843		Not Applicable
5. Certificate of Status Desired	ш	Fee Required

6. Name and Address of Current Registered Agent

CANEZA, GARY 8101 PRÉSIDENTS DR. ORLANDO, FL 32809

SIGNATURE:

8101 PRESIDENT'S DR.

ORLANDO, FL 32809

## DO NOT WRITE IN THIS SPACE

				114	THIO OF ACE		
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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U00000561972		
10.	OFFICERS AND DIREC	CTORS					
NAME C STREET ADDRESS 2	CEO CANEZA, ANDREW P 203 MAGNOLIA LAKE DR. LONGWOOD, FL 32779						
NAME \ STREET ADDRESS 3	ST WHITSON, SUSAN C. 315 EASTLAKE BARTLEY DR LONGWOOD, FL 32779						
NAME STREET ADDRESS 1	D CANEZA, GARY R 1318 BRIERCLIFF DR ORLANDO, FL 32806		:	DO	NOT WRITE		
NAME C STREET ADDRESS S	VP CANEZA, ANDREW R 950 SWEETWATER CLUB DR LONGWOOD, FL 32779			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 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.							

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR