

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 486214

1. Entity Name
SPICE WORLD, INC.



Principal Place of Business
**8101 PRESIDENT'S DR.
ORLANDO, FL 32809**

Mailing Address
**8101 PRESIDENT'S DR.
ORLANDO, FL 32809**

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1630843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANEZA, GARY
8101 PRESIDENTS DR.
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

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, 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

000000561972
05/19/06-80037-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	CANEZA, ANDREW P
STREET ADDRESS	203 MAGNOLIA LAKE DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	ST
NAME	WHITSON, SUSAN C.
STREET ADDRESS	315 EASTLAKE BARTLEY DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	P
NAME	CANEZA, GARY R
STREET ADDRESS	1318 BRIERCLIFF DR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VP
NAME	CANEZA, ANDREW R
STREET ADDRESS	950 SWEETWATER CLUB DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

407-851-9432

Daytime Phone #