



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90050 030 ***150.00

DOCUMENT # 533481 1. Entity Name SPAULDING DISPLAYS, INC.					
Principal Place of Business 10850 SW 113 PLACE MIAMI, FL 33176-3283 US			Mailing Address 10850 SW 113 PLACE MIAMI, FL 33176-3283 US		
2. Principal Place of Business 8540 S.W. 151 ST Suite, Apt. #, etc.		3. Mailing Address 8540 S.W. 151 ST Suite, Apt. #, etc.			
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL		4. FEI Number 59-1740545	
Zip 33158		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAULDING, SUSAN 10850 SW 113 PLACE MIAMI, FL 33176-3283			7. Name and Address of New Registered Agent Name SPAULDING, SUSAN Street Address (P.O. Box Number is Not Acceptable) 8540 S.W. 151 ST. City Palmetto Bay FL Zip Code 33158		
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 <u><i>Susan Spaulding</i></u> DATE <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPAULDING, B. H. 10273 NW 116 ST MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPAULDING, B.H. 8540 S.W. 151 ST Palmetto Bay, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULDING, SUSAN 10273 SW 116 ST. MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPAULDING, SUSAN 8540 SW 151 ST Palmetto Bay, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Susan Spaulding</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-10-05</u> DAYTIME PHONE # <u>305-255-7550</u>		