


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90411 013 ***150.00

DOCUMENT # 533481 1. Entity Name SPAULDING DISPLAYS, INC.					
Principal Place of Business 8540 S.W. 151ST ST PALMETTO BAY, FL 33158			Mailing Address 8540 S.W. 151ST ST PALMETTO BAY, FL 33158 US		
2. Principal Place of Business 6405 S.W. 102 ST.		3. Mailing Address P.O. BOX 265			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pinecrest, FL		City & State BRASSTOWN, NC		4. FEI Number 59-1740545	
Zip 33156		Country USA		Zip 28902	
Country USA		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 8540 S.W. 151ST ST PALMETTO BAY, FL 33158				7. Name and Address of New Registered Agent Name SUSAN SPAULDING Street Address (P.O. Box Number is Not Acceptable) 6405 S.W. 102 ST City Pinecrest FL Zip Code 33156	
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 _____ (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. <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. 8540 S.W. 151ST ST PALMETTO BAY, FL 33158 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6405 S.W. 102 ST Pinecrest, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULDING, SUSAN 8540 S.W. 151ST ST PALMETTO BAY, FL 33158 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6405 S.W. 102 ST Pinecrest, FL 33156	
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	
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	
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	
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	
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: <u>Susan Spaulding</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SUSAN SPAULDING 3-28-06 786-385-7826 Date Daytime Phone #		