

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000001042

Entity Name: SPECPRO, INC.

FILED
Aug 21, 2007
Secretary of State

Current Principal Place of Business:

111 WEST 16TH AVE., SUITE 400
ANCHORAGE, AK 99501

New Principal Place of Business:

Current Mailing Address:

4815 BRADFORD DR., SUITE 201
HUNTSVILLE, AL 35805

New Mailing Address:

FEI Number: 92-0156956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: TOLTON, STEPHEN
Address: 111 WEST 16TH AVE., SUITE 400
City-St-Zip: ANCHORAGE, AK 99501

Title: SD () Delete
Name: FERGUSON, APRIL
Address: 111 WEST 16TH AVE., SUITE 400
City-St-Zip: ANCHORAGE, AK 99501

Title: D () Delete
Name: LARSON, DOROTHY
Address: 111 WEST 16TH AVE., SUITE 400
City-St-Zip: ANCHORAGE, AK 99501

Title: D () Delete
Name: ANDREWS, PETER
Address: 111 WEST 16TH AVE., SUITE 400
City-St-Zip: ANCHORAGE, AK 99501

Title: D () Delete
Name: CARTER, MICHAEL
Address: 111 WEST 16TH AVE., SUITE 400
City-St-Zip: ANCHORAGE, AK 99501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: YALOWITZ, SHARON P TREAS
Address: 4815 BRADFORD DRIVE, STE 201
City-St-Zip: HUNTSVILLE, AL 35805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON P. YALOWITZ

TREA

08/21/2007

Electronic Signature of Signing Officer or Director

Date