

FILED
Apr 26, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000001604 1. Entity Name SPART INC. AND SUBSIDIARY	
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Principal Place of Business 25531 COMMERCENTRE DRIVE SUITE 120 LAKE FOREST, CA 92639	Mailing Address 25531 COMMERCENTRE DRIVE SUITE 120 LAKE FOREST, CA 92639
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0775889	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALLE TONY,
13501 INGENUITY DRIVE, SUITE 132
ORLANDO, FL 32826**

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000128727
04/26/04-80050-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WINTON, WAYNE 23041 AVENIDA DE LA CARLOTA, SUITE 325 LAGUNA HILLS, CA 926531545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEPUCHA, ROBERT 1911 N. FORT MYER DRIVE, SUITE 1100 ARLINGTON, VA 222091603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, CARL 4901 CORPORATE DRIVE HUNTSVILLE, AL 358056208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP MCCARTER, R. STEVEN 16515 BERNARDO CENTER DRIVE, SUITE 200F SAN DIEGO, CA 921282549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SEPUCHA, ROBERT C 1911 N. FORT MYER DRIVE, SUITE 1100 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABIAN, JERRY 23041 AVENIDA DE LA CARLOTA, SUITE 325 LAGUNA HILLS, CA 926531545

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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)(f), 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: Jerry R Fabian Jerry Fabian 4/19/04 949-768-8161