


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000001604 1. Entity Name SPART INC. AND SUBSIDIARY	
---	---

Principal Place of Business 25531 COMMERCENTRE DRIVE SUITE 120 LAKE FOREST, CA 92630	Mailing Address 25531 COMMERCENTRE DRIVE SUITE 120 LAKE FOREST, CA 92630
---	---

DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0775889	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876555 04/11/08-80079-001 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WINTON, WAYNE 25531 COMMERCENTE DR., #120 LAKE FOREST, CA 92630
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	SP MCCARTER, R. STEVEN 13400 SABRE SPRINGS PKWY #220 SAN DIEGO, CA 92128
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 25531 COMMERCENTRE DR. #120 LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  **Jerry Fabian** 3/20/08 949-768-8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #