


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90084 037 ***150.00

| | |
|----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F02000000772 |  |
| 1. Entity Name SPERO BENEFITS, INC. | |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 6621 SOUTHPOINT DRIVE., N #325 JACKSONVILLE, FL 32216 | Mailing Address 6621 SOUTHPOINT DRIVE., N #325 JACKSONVILLE, FL 32216 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

40040100



| | |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03152007 Chg-P CR2E034 (12/06)

| | | | |
|--------------|--------------|-----------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number 59-3742336 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILBUR, JOHN H
 4161 CARMIEHAD AVE
 BLDG 3300 STE 152
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VASILEFF, SUSAN E <input type="checkbox"/> Delete 6621 SOUTHPOINT DRIVE N #325 JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WILBUR JR, JOHN H <input type="checkbox"/> Delete 6621 SOUTHPOINT DRIVE N #325 JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Susan Vasileff 3/30/07 904-281-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #