2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# F03000005504

Entity Name: SP COPPENBARGER INVESTMENTS, INC.

Current Principal Place of Business:

7700 SQUARE LAKE BLVD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

15326 ALTON PARKWAY
IRVINE, CA 92618

New Mailing Address:

FEI Number: 20-0340118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	COPPENBARGER, RONNIE D	
Address:	7700 SQUARE LAKE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	VST	( ) Delete
Name:	JACKSON, WOLFE	
Address:	7700 SQUARE LAKE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	AS	( ) Delete
Name:	HALVORSEN, CLAY A	
Address:	15326 ALTON PARKWAY	
City-St-Zip:	IRVINE, CA 92618	
Title:	AS	( ) Delete
Name:	SCARBOROUGH, STEPHEN J	
Address:	15326 ALTON PARKWAY	
City-St-Zip:	IRVINE, CA 92618	
Title:	DAT	( ) Delete
Name:	PARNES, ANDREW H	
Address:	15326 ALTON PARKWAY	
City-St-Zip:	IRVINE, CA 92618	
Title:	AT	( ) Delete
Name:	STEPHENS, JOHN M	
Address:	15326 ALTON PARKWAY	
City-St-Zip:	IRVINE, CA 92618	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAY A. HALVORSEN AS 04/26/2006

Electronic Signature of Signing Officer or Director — Date