

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 023 ***150.00



DOCUMENT # F05000007303

1. Entity Name
SPRINGS GLOBAL US, INC.

Principal Place of Business
**205 NORTH WHITE STREET
 FT. MILL SC 29715**

Mailing Address
**P.O. BOX 111
 TAX DEPARTMENT
 LANCASTER SC 29721-0111**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

P O Box 70

Suite, Apt. #, etc.

Tax Department

1st MOORE

CR2E034 (10/06)

City & State

City & State
Fort Mill, SC

4. FEI Number **20-3707005**

Applied For
 Not Applicable

Zip

Country

Zip

Country

29716

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** Delete
 NAME **BOWLES, CRANDALL CLOSE**
 STREET ADDRESS **205 NORTH WHITE STREET**
 CITY-ST-ZIP **FT. MILL SC 29715**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** Delete
 NAME **O'CONNOR, THOMAS P**
 STREET ADDRESS **205 NORTH WHITE STREET**
 CITY-ST-ZIP **FT. MILL SC 29715**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **BAKER, CHRISTOPHER N**
 STREET ADDRESS **205 NORTH WHITE STREET**
 CITY-ST-ZIP **FT. MILL SC 29715**

TITLE **CFO** Change Addition
 NAME **Flavio Barbosa**
 STREET ADDRESS **205 North White Street**
 CITY-ST-ZIP **Fort Mill, SC 29715**

TITLE **V** Delete
 NAME **GAFFNEY, THOMAS C**
 STREET ADDRESS **205 NORTH WHITE STREET**
 CITY-ST-ZIP **FT. MILL SC 29715**

TITLE Change Addition
 NAME **VP/Controller**
 STREET ADDRESS **David Cline**
 CITY-ST-ZIP **205 North White Street**
Fort Mill, SC 29715

TITLE **VS** Delete
 NAME **SULLIVAN, ROBERT W**
 STREET ADDRESS **205 NORTH WHITE STREET**
 CITY-ST-ZIP **FT. MILL SC 29715**

TITLE Change Addition
 NAME **VS**
 STREET ADDRESS **Delbridge Narron**
 CITY-ST-ZIP **205 North White Street**
Fort Mill, SC 29715

TITLE **AT** Delete
 NAME **THEESFELD, TIMOTHY L**
 STREET ADDRESS **136 GRACE AVENUE**
 CITY-ST-ZIP **LANCASTER SC 29720**

TITLE Change Addition
 NAME **VP/AT**
 STREET ADDRESS **Steven P. Burns**
 CITY-ST-ZIP **205 North White Street**
Fort Mill, SC 29715

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Steven P. Burns*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-07

803/547-1622

Daytime Phone #