

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004529

FILED
Jul 07, 2009
Secretary of State

Entity Name: SPINNAKER SOLUTIONS GROUP INC

Current Principal Place of Business:

1602 E 4TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1602 E 4TH AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 26-3214979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES INC
17888 67TH CT NORTH
LOXAHATCHEE, FL 33470 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CFD () Delete
Name: DEWSHI, MOHAMED
Address: 233 MCKEE AVE
City-St-Zip: TORONTO ON M2N 4E2, XX

Title: VC () Delete
Name: DAMJI, SHAMIM
Address: 9647 NW 67TH PLACE NW
City-St-Zip: PARKLANDS, FL 33076

Title: DGM () Delete
Name: LEWIS, CLIFF R
Address: 51 ADALIA AVE
City-St-Zip: TAMPA, FL 33606

Title: CEO () Delete
Name: DAMJI, SHAMIM
Address: 9647 NW 67TH PLACE NW
City-St-Zip: PARKLANDS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DGM (X) Change () Addition
Name: LEWIS, CLIFF R
Address: 7505 BROADCLOTH WAY
City-St-Zip: COLUMBIA, MD 21046

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

I hereby certify that the information supplied with this filing does not qualify 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: CLIFFORD LEWIS

DGM

07/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date