2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #F11222

1. Entity Name

SPAULDING ASSOCIATES, INC.



Principal Place of Business

1472 N HOMESTEAD BLVD

SUITE #2

HOMESTEAD, FL 33030 US

Mailing Address

1472 N HOMESTEAD BLVD

SUITE #2

HOMESTEAD, FL 33030

FILED Jan 29, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2050917

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daylima Phone #

6. Name and Address of Current Registered Agent

SPAULDING, CHRIS B 1472 N HOMESTEAD BLVD SUITE #2 HOMESTEAD, FL 33030

SIGNATURE: .

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the patient of registered agent.	surpose of changing its registe	red office or i	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and true	I and the second			
	agniture, typed or printed name or regulated agent and title	Tappicable. (NUTE, Register	red Agent signature	required when reinstating)	JAG
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 DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPAULDING, CHRIS B 27805 SW 164TH CT HOMESTEAD, FL 33030				U00000609403 02/01/07-80048-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
DILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-7P					

12. I hereby certify that the information supplied with this filling 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 trusted 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.

F SIGNING OFFICER OR DIRECTOR