

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000005274

1. Entity Name
 SPOLI, CORP.



Principal Place of Business
 1157 JOHN ANDERSON DR
 ORMOND BEACH, FL 32118

Mailing Address
 1157 JOHN ANDERSON DR
 ORMOND BEACH, FL 32118



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3458339** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLI, PAMELA
 44 LIONS PAW GRAND
 DAYTONA BEACH, FL 32124

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLI, PAMELA
STREET ADDRESS	44 LIONS PAW GRAND
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	V
NAME	OLI, SAMPSON DR
STREET ADDRESS	44 LIONS PAW GRAND
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [Signature] **3/15/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #