2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# F98000001184

Entity Name: SPECTRUM CONTRACTING SERVICES, INC.

Current Principal Place of Business:

100 JOHN SUTHERLAND DRIVE
SUITE 8
NICHOLASVILLE, KY 40356 US

New Principal Place of Business:

108 WIND HAVEN DRIVE
SUITE B
NICHOLASVILLE, KY 40356 US

Current Mailing Address:

100 JOHN SUTHERLAND DRIVE
SUITE 8
NICHOLASVILLE, KY 40356 US

New Mailing Address:

108 WIND HAVEN DRIVE
SUITE B
NICHOLASVILLE, KY 40356 US

FEI Number: 61-1133870 **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: PD ( ) Delete
Name: TUCKER, DONNIE E
Address: 100 JOHN SUTHERLAND DR, STE 8
City-St-Zip: NICHOLASVILLE, KY 40356

Title: TS ( ) Delete
Name: TUCKER, MARILYN
Address: 100 JOHN SUTHERLAND DRIVE STE. 8
City-St-Zip: NICHOLASVILLE, KY 40356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TUCKER, DONNIE E
Address: 108 WIND HAVEN DRIVE, SUITE B
City-St-Zip: NICHOLASVILLE, KY 40356

Title: TS (X) Change ( ) Addition
Name: TUCKER, MARILYN
Address: 108 WIND HAVEN DRIVE, SUITE B
City-St-Zip: NICHOLASVILLE, KY 40356

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: ALAN RAY CONT 01/15/2007

Electronic Signature of Signing Officer or Director Date