## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J09169

Name:

Address:

City-St-Zip:

SPINNERNWEBER, JOHN E

18193 SE HERITAGE DR

TEQUESTA, FL 33469

FILED Mar 23, 2009 Secretary of State

D000112111111000100				ocorciary or otate	
Entity Nan	ne: NEU-SPI	N DEVELOPMENT CORP.			
Current Principal Place of Business:			New Principal Pla	ce of Business:	
18120 S.E. HERITAGE DR. TEQUESTA, FL 33469					
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	HERITAGE D A, FL 33469	DR.			
FEI Number:	59-2672326	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
GREENFIELD, STEVEN B 7000 W. PALMETTO PARK RD. SUITE 402 BOCA RATON, FL 33433 US			9459 OLD PINE RC	NEUMAN, JOHN W 9459 OLD PINE ROAD BOCA RATON, FL 33428 US	
The above in the State		submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: JOHN W NEUMAN				03/23/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( NEUMAN, JOH 9459 OLD PINI BOCA RATON,	E RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST ( SPINNENWEB 18120 S.E. HE TEQUESTA, FL	RITAGE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	V (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W NEUMAN PD 03/23/2009