2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2007 08:00 A Secretary of State DOCUMENT # K09545 MICHAEL SPECK AND ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 181455 P.O. BOX 181455 CASSELBERRY, FL 32718-1455 CASSELBERRY, FL 32718-1455 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number · 59-2862167 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPECK, J. MICHAEL DO NOT WRITE 1912-B LEE ROAD ORLANDO, FL 32810 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DPS SPECK, J. MICHAEL NAME STREET ADDRESS 1912 B LEE RD CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS U00000755846 CITY-ST-ZIP 05/23/07-80006-019 150.00 TITLE

12. I hereby certify that the information supplied with this filting 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.

NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR