. 2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # L06831 1. Entity Name THE SPIESS GROUP, INC. Principal Place of Business Mailing Address THE SPIESS GROUP INC THE SPIESS GROUP INC 11940 WHISPER CREEK DR 11940 WHISPER CREEK DR RIVERVIEW, FL 33569 US RIVERVIEW, FL 33569 US 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2960124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH JUDITH, S DO NOT WRITE 11940 WHISPER CREEK DR RIVERVIEW, FL 33569 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SMITH, JUDY U00000537288 STREET ADDRESS 11940 WHISPER CREEK DR 05/09/06-80012-005 150.00 CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS COTY-ST-7/P

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR