

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L73814

**FILED
Nov 25, 2008
Secretary of State****Entity Name:** SPECTRA ENGINEERING & RESEARCH, INC.**Current Principal Place of Business:**3058 HIGHLAND OAKS TERRACE
SUITE 100
TALLAHASSEE, FL 32301 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 7526
TALLAHASSEE, FL 32314 US**New Mailing Address:**

FEI Number: 59-3009648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:OKONKWO, PETER
361 COLLINSFORD ROAD
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:Title: VP () Delete
Name: IJEOMA, SAMUEL
Address: 8015 TALLY ANN DRIVE
City-St-Zip: TALLAHASSEE, FL 32311Title: VP () Delete
Name: OKONKWO, CHRISTOPHER
Address: 2125 JACKSON BLUFF
City-St-Zip: TALLAHASSEE, FL 32301Title: P () Delete
Name: OKONKWO, PETER
Address: 361 COLLINSFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32301Title: VP () Delete
Name: OQUENDO, DOMINICK
Address: 271 OAKPARKPLACE
City-St-Zip: CASSELBERRY, FL 32707 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: LEBRON, HECTOR
Address: 1055 PALOS VERDE DR
City-St-Zip: ORLANDO, FL 32825 US

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.

SIGNATURE: PETER OKONKWO

P

11/25/2008

Electronic Signature of Signing Officer or Director

Date