2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007832

Entity Name: THE SPECTER ACADEMY, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O.BOX 271831 1259 KAYAK COVE TAMPA, FL 33688 LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

P.O.BOX 271831 TAMPA, FL 33688

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENGOTT, ROBERT

1259 JAYOK COVE

LUTZ, FL 33559 US

KENGOTT, ROBERT

1259 KAYAK COVE

LUTZ, FL 33559 US

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: ROBERT C. KENGOTT 04/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: KENGOTT, ROB

 Name:
 KENGOTT, ROB
 Name:
 KENGOTT, ROB

 Address:
 4706 FOXSHIRE CIR
 Address:
 1259 KAYAK COVE

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 LUTZ, FL 33559

Title: DV () Delete Title: () Change () Addition

 Name:
 QUINN, DAVE
 Name:

 Address:
 4706 FOXSHIRE CIR
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 KENGOTT, JÄNET
 Name:
 KENGOTT, JÄNET

 Address:
 4706 FOXSHIRE CIR
 Address:
 1259 KAYAK COVE

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 LUTZ, FL 33559

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. KENGOTT DP 04/16/2007