


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N06254 1. Entity Name RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSES, INC.	
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Principal Place of Business 6500 BEAR LAKE CIRCLE C/O ROBERTA GREEN APOPKA, FL 32703 US	Mailing Address 6500 BEAR LAKE CIRCLE C/O ROBERTA GREEN APOPKA, FL 32703 US
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2396067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREEN, ROBERTA 6500 BEAR LAKE CIRCLE APOPKA, FL 32703

DO NOT WRITE 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 true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDBERG, ELSIE 4523 PAGEANT WAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, ROBERTA 6500 BEAR LAKE CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREMER, AURELIA 3914 SCAR BOROUGH CT. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DREXLER, CLARICE 4915 CALLE DE SOL ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000708916 04/24/07-80133-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 617, 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 <i>Elsie J. Sandberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4-12-07</i> <small>Date</small>	<i>407-293-4926</i> <small>Daytime Phone #</small>
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