


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90047 002 ***150.00

DOCUMENT # P00000026811

1. Entity Name
SPOLI INVESTMENTS, INC.



Principal Place of Business Mailing Address
1220 JIMMY ANN DR. **1220 JIMMY ANN DR.**
DAYTONA BEACH, FL 32117 **DAYTONA BEACH, FL 32117**

2. Principal Place of Business 3. Mailing Address
44 Lions Paw Grand *44 Lions Paw Grand*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Daytona Bch. FL *Daytona Bch., FL*
 Zip Country Zip Country
32124 *US* *32124* *US*



01152006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3630728 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OLI, PAMELA
1220 JIMMY ANN DR.
DAYTONA BEACH, FL 32117

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
44 Lions Paw Grand
 City State Zip Code
Daytona Bch. **FL** *32124*

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLI, PAMELA	NAME	<i>44 Lions Paw Grand</i>
STREET ADDRESS	1144 BARBARA DRIVE	STREET ADDRESS	<i>Daytona Bch., FL 32124</i>
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	CITY-ST-ZIP	<i>Daytona Bch., FL 32124</i>
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLI, SAMPSON	NAME	<i>44 Lions Paw Grand</i>
STREET ADDRESS	1144 BARBARA DRIVE	STREET ADDRESS	<i>Daytona Bch., FL 32124</i>
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	CITY-ST-ZIP	<i>Daytona Bch., FL 32124</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVY, UMAH	NAME	
STREET ADDRESS	1220 JIMMY ANN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLI, PRINCE	NAME	
STREET ADDRESS	1144 BARBARA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASIEGBU, JULIET	NAME	
STREET ADDRESS	1144 BARBARA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____