

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000026811

1. Entity Name
 SPOLI INVESTMENTS, INC.



Principal Place of Business
 44 LIONS PAW GRAND
 DAYTONA BEACH, FL 32124

Mailing Address
 44 LIONS PAW GRAND
 DAYTONA BEACH, FL 32124



02102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3630728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLI, PAMELA
 44 LIONS PAW GRAND
 DAYTONA BEACH, FL 32124

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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, 2008 Fee will be \$550.00

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

U00000871409
 04/09/08-20127-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLI, PAMELA
STREET ADDRESS	44 LIONS PAW GRAND
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	VP
NAME	OLI, SAMPSON
STREET ADDRESS	44 LIONS PAW GRAND
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	S
NAME	OLI, PRINCE
STREET ADDRESS	1144 BARBARA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	T
NAME	ASIEGBU, JULIET
STREET ADDRESS	1144 BARBARA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 #

3/15/08