

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026811

FILED
Jan 14, 2009
Secretary of State

Entity Name: SPOLI INVESTMENTS, INC.

Current Principal Place of Business:

44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

New Principal Place of Business:

Current Mailing Address:

44 LIONS PAW GRAND
DAYTONA BEACH, FL 32124

New Mailing Address:

FEI Number: 59-3630728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLI, PAMELA
Address: 44 LIONS PAW GRAND
City-St-Zip: DAYTONA BEACH, FL 32124

Title: VP () Delete
Name: OLI, SAMPSON
Address: 44 LIONS PAW GRAND
City-St-Zip: DAYTONA BEACH, FL 32124

Title: S () Delete
Name: OLI, PRINCE
Address: 1144 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T () Delete
Name: ASIEGBU, JULIET
Address: 1144 BARBARA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAMELA OLI

P

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date