2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000037369

1. Entity Name
SPIRAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
3647 BAHAMA STREET BIG PINE KEY, FL 33043	3647 BAHAMA STREET BIG PINE KEY, FL 33043

DO NOT WRITE IN THIS SPACE

07162007   No Chg-P   CR2E034 (11/05)

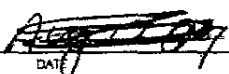| **4.** FEI Number	Applied For
65-1096847	Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDER, LYNN P.A.
19960 OVERSEAS HWY.
SUGARLOAF KEY, FL 33042

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

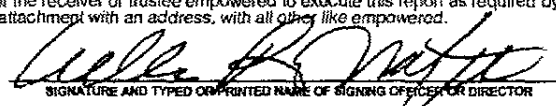In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	POST
NAME	MATZIE, WILLIAM R
STREET ADDRESS	3647 BAHAMA ST.
CITY-ST-ZIP	BIG PINE KEY, FL 33043

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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08/23/07-80005-019 150.00

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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

AUG 12 07   305395/285
Date   Daytime Phone #