


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90334 045 \*\*\*150.00

<b>DOCUMENT # P01000072101</b> 1. Entity Name <b>SPECTRUM FINANCIAL CORPORATION</b>					
Principal Place of Business <b>625 N. FLAGLER DRIVE SUITE 400 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>625 N. FLAGLER DRIVE SUITE 400 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>38-3614917</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ESSIG, BARRY J 625 N. FLAGLER DRIVE SUITE 400 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TULL, W. DAVID		NAME		
STREET ADDRESS	850 E. LONG LAKE ROAD		STREET ADDRESS	<b>5480 Corporate Drive, Suite 350</b>	
CITY-ST-ZIP	TROY, MI 48085		CITY-ST-ZIP	<b>Troy, MI 48098</b>	
TITLE	PCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESSIG, BARRY J		NAME		
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWALD, MARTIN F		NAME		
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROSNAN, WILLIAM		NAME		
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONEYCUTT, VIVIAN		NAME		
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBELLO, DOMINICK		NAME		
STREET ADDRESS	850 E. LONG LAKE ROAD		STREET ADDRESS	<b>5480 Corporate Drive, Suite 350</b>	
CITY-ST-ZIP	TROY, MI 48085		CITY-ST-ZIP	<b>Troy, MI 48098</b>	
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: <i>Vivian Honeycutt</i>			SIGNATURE: <i>Vivian Honeycutt</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4-26-06</b> Daytime Phone #: <b>561-833-7006</b>		

ATTACHMENT

40072430

#P01000072101

SPECTRUM FINANCIAL CORPORATION

ADDITIONAL OFFICERS:

V. President/Director-	Martin Blake	5480 Corporate Drive, Suite 350, Troy, MI 48098
V. President/Director-	Ghazwan Mattia	5480 Corporate Drive, Suite 350, Troy, MI 48098
Vice President -	Robert Harbers	625 N. Flagler Dr. #400, West Palm Beach, FL 33401
Asst. Vice President -	Caroline Dixon	625 N. Flagler Dr. #400, West Palm Beach, FL 33401
Asst. Vice President -	Lisa Osorio	625 N. Flagler Dr. #400, West Palm Beach, FL 33401
Asst. Vice President -	Mindy Spiroch	625 N. Flagler Dr. #400, West Palm Beach, FL 33401