' 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2007 08:00 AM Secretary of State DOCUMENT # P01000106897 SPARTAN SOFFIT, INC. Principal Place of Business Mailing Address 230 COLOMBA ROAD 230 COLOMBA ROAD DEBARY, FL 32713 DEBARY, FL 32713 02142007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3754876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VELIS, ELIA DO NOT WRITE 230 COLOMBA ROAD DEBARY, FL 32713 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS State of the transfer of the state of the st TITLE NAME VELIS, ELIA 000000550638 STREET ADDRESS 500 W AIRPORT BLVD #612 03/08/07-00021-019 150.00 SANFORD, FL 32773 CITY-ST-7IP and gradulate his color of the TITLE NAME STREET STREET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE Bridge markety and a NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling cloes 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 ture 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED