2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State **DOCUMENT # P02000009490** SPECTRUM CONSULTANTS AND SYSTEMS, INC. Principal Place of Business Malling Address 1530 S OCEAN BLVD. 1530 S OCEAN BLVD. #302 #302 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 No Chg-P CR2E034 (11/05) 04022008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0030512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORBETT, MICHAEL E DO NOT WRITE 1530 S. OCEAN BLVD. #302 POMPANO BEACH, FL 33062 IN THIS SPACE near for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity/submits this the obligations of reali SIGNATURE. (NOTE: Registered Agent algoratura required when remainsing) Skinsture, typed or printed neme of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 U00000492833 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CORBETT, MICHAEL E 1530 S OCEAN BLVD., #302 STREET ADDRESS CITY-ST-ZP POMPANO BEACH, FL 33062 NAME STREET ADDRESS CITY-ST-ZP BRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

12. Thereby certify that the information supplied with this filling 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 of the composition of the com

SIGNATURE:

NAME STREET ADDRESS C71Y-57-ZP TITLE NAME STREET ADDRESS CATY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR