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Secretary of State
07-29-2008 90009 007 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000009490

1. Entity Name
SPECTRUM CONSULTANTS AND SYSTEMS, INC.

Principal Place of Business	Mailing Address
1530 S OCEAN BLVD. #302 POMPANO BEACH, FL 33062	1530 S OCEAN BLVD. #302 POMPANO BEACH, FL 33062

40112170

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0030512

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORBETT, MICHAEL E
1530 S. OCEAN BLVD. #302
POMPANO BEACH, FL 33062

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORBETT, MICHAEL E
STREET ADDRESS	1530 S OCEAN BLVD., #302
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 5/1/08 6198041883
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Payment made electronically & Address change (above)

ATTACHMENT

Spectrum Consultants, Inc.
Fleet Management Consultants

40112170
#P02000009490

Re: Letter Number 608A00042074
July 25, 2008

Carole Anderson, OPS
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Anderson,

Thank you for your letter.

We did not receive the annual report notice and are requesting waiver of the late fee.

I have included a copy of the check for $150.00 and a copy of the annual report which was sent separately.

Please accept these filings and note that our new address is: 700 W. Harbor Drive, Suite 1505, San Diego, CA 92101

Thank you.

Sincerely,

SPECTRUM CONSULTANTS, INC.

By:_____
Michael E. Corbett, President