2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State

| DOCUMENT # P02000044972 1. Entity Name DAVID A. SPADE, INC. | | | | | 02-20-2006 90037 041 ***150.00 | | | | |
|--|-------------------------|--|--|---|--|---|------------------|--|-------------------|
| Principal Place of Business Mailing Address | | | L | 1 | F .5 | | | | |
| 80 SPYGLASS ALLEY CAPE HAZE, FL 33946 | | 80 SPYGLASS ALLEY CAPE HAZE, FL 33946 | | | د بیسه در | • | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02072006 | Chg-P | CR2E03 | | 188.50 | |
| City & State | | City & State | | 4. FEI Number 42-15346 | 678 | | | oplied For of Applicable | |
| Zip Co | Country Zip Cour | | Coun | ntry | 5. Certificate of | Status Desired | | 8.75 Add | |
| 6. Name and | Address of Current Regi | stered Agent | | | 7. Name and A | ddress of New Re | | - | |
| Name | | | | | | | - | | |
| SPADE, DAVID A 80 SPYGLASS ALLEY CAPE HAZE, FL 33946 | | | Street Address (| Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 0/11 E 11/2E, 1 E 00040 | | | | | | | | | |
| | | | City | | | FL | Zip Cod | 9 | |
| 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 | | | | | | | | | |
| | | | | ncing \$5. | 00 May Be ed to Fees | | · | | . |
| . 10. | OFFICERS AND DIRE | | 11. | | ADDITIONS/CI | HANGES TO OFFIC | | | |
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| STREET ADDRESS 80 SPYGLASS ALLEY | | | | ET ADDRESS | | | | | |
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Indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplied with 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 charged, or on an attachment with an address, with all other like empowered.

GNATURE:

2-15-06

944-697-2557

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR