2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000070218

1. Entity Name
SPENMUSE, INC.

Principal Place of Business	Mailing Address
4958 S.W. 7TH AVENUE ROAD	4958 S.W. 7TH AVENUE ROAD
OCALA, FL 34474	OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

07102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
27-0016509	Not Applicable

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

6. Name and Address of Current Registered Agent

SPENCER, RONALD P MD
2840 SE 3RD COURT
SUITE 200
OCALA, FL 34471

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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 _____

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	SPENCER, RONALD P MD
STREET ADDRESS	2840 SE 3RD COURT, SUITE 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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07/19/06-80012-007 558.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #