

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084214

Entity Name: SPIRIT CHEER, INC.

FILED
Jul 27, 2006
Secretary of State

Current Principal Place of Business:

1809 E BROADWAY ST
#339
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1809 E BROADWAY ST
#339
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 46-0484838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARE, MIKE
1809 E BROADWAY ST
SUITE 339
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARE, MIKE
Address: 1809 E BROADWAY STE 339
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: PARE, SHERI
Address: 14149 DEEPLAKE DR
City-St-Zip: ORLANDO, FL 32826

Title: V () Delete
Name: COOK, GLENN
Address: 5857 MANGO AVE
City-St-Zip: BUNNELL, FL 32110

Title: V (X) Delete
Name: WILKINS, MARK
Address: PO BOX 588
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PARE

P

07/27/2006

Electronic Signature of Signing Officer or Director

Date