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Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90696 001 ***150.00
04-19-2005 90696 002 *****8.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000117378

1. Entity Name
SPOGNARDI REAL ESTATE INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
~~4998 FAWN RIDGE PL~~ SANFORD, FL 32771	~~4998 FAWN RIDGE PL~~ ~~SANFORD, FL 32771~~

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5224 West State Rd #46	5224 West State Rd #46
Suite, Apt. #, etc. PMB # 327	Suite, Apt. #, etc. PMB # 327
City & State Sanford, Fla.	City & State Sanford, Fla.
Zip 32771 Country USA	Zip 32771 Country USA

4. FEI Number
57-1136924
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPOGNARDI, MICHAEL S ~~4998 FAWN RIDGE PL~~ ~~SANFORD, FL 32771~~	Name: Michael S. Spognardi Street Address (P.O. Box Number is Not Acceptable): 4101 Myrtle Wood Dr. City: Sanford, Fla FL Zip Code: 32771

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: Michael S. Spognardi 4-12-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SPOGNARDI, MICHAEL S ~~4998 FAWN RIDGE PL~~ ~~SANFORD, FL 32771~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5224 West State Rd #46 Sanford, Fla 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPOGNARDI, JASON M ~~4998 FAWN RIDGE PL~~ ~~SANFORD, FL 32771~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5224 West State Rd #46 Sanford, Fla. 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPOGNARDIA, JUSTIN ~~4998 FAWN RIDGE PL~~ ~~SANFORD, FL 32771~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5224 West State Rd #46 Sanford, Fla 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPOGNARDI, DONNA R 4998 FAWN RIDGE PL SANFORD, FL 32771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael S. Spognardi President 4-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #