

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117378

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: SPOGNARDI REAL ESTATE INVESTMENTS CORPORATION

**Current Principal Place of Business:**

5224 W STATE RD #46 PMB #327  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

5224 W STATE RD #46 PMB #327  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 57-1136924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPOGNARDI, MICHAEL S  
4101 MYRTLEWOOD DR  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

SPOGNARDI, MICHAEL S  
106 MAJESTIC FOREST RUN  
SANFORD, FL 32771 US

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:

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SPOGNARDI, MICHAEL S  
Address: 5224 W STATE RD #46  
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete  
Name: SPOGNARDI, JASON M  
Address: 5224 W STATE RD #46  
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete  
Name: SPOGNARDI, JUSTIN  
Address: 5224 W STATE RD #46  
City-St-Zip: SANFORD, FL 32771

**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:

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 S SPOGNARDI

PTD

01/03/2007

Electronic Signature of Signing Officer or Director

Date