FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90010 043 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037978

1. Entity Name
SPD II, INC.

01122008 Chg-P CR2E034 (12/06)

Principal Place of Business
~~2800 N. MILITARY TRAIL~~
~~SUITE 101~~
~~WEST PALM BEACH, FL 33409~~

Mailing Address
~~2800 N. MILITARY TRAIL~~
~~SUITE 101~~
~~WEST PALM BEACH, FL 33409~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12838 72nd Ct. N	10130 NORTLAKE BLVD
Suite, Apt. #, etc	Suite, Apt. #, etc SUITE 214, #330
City & State West Palm Beach, FL	City & State WEST PALM BEACH, FL
Zip 33412 Country USA	Zip 33412 Country USA

4. FEI Number 75-3109207 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MENAPACE, BERNIE
~~2800 N. MILITARY TRAIL~~
~~SUITE 101~~
~~WEST PALM BEACH, FL 33409~~

7. Name and Address of New Registered Agent
Name SAME AS CURRENT AGENT
Street Address (P.O. Box Number is Not Acceptable) 10130 NORTHLAKE BLVD
SUITE 214, #330
City WEST PALM BEACH FL Zip Code 33412

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] Bernie Menapace 1/25/08
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, 2008 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	D MENAPACE, BERNIE ~~2800 N. MILITARY TRAIL #101~~ ~~WEST PALM BEACH, FL 33409~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10130 NORTHLAKE SUITE 214, #330 WEST PALM BEACH, FL 33412	☒ 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
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
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 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] Bernie Menapace 1/23/08 561-891-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #