
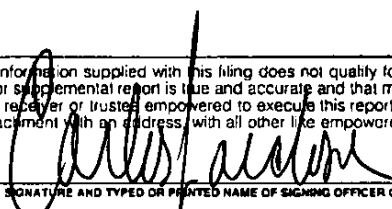


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 13, 2006 8:00 am  
Secretary of State

02-22-2006 90012 042 \*\*\*150.00

DOCUMENT # P03000039719			
1. Entity Name SPECTRAL MANAGEMENT, INC.			
Principal Place of Business 331 OLEANDER WAY SUITE 1001 CASSELBERRY FL 32707 US		Mailing Address 331 OLEANDER WAY SUITE 1001 CASSELBERRY FL 32707 US	
2. Principal Place of Business 141 Concord DR.		3. Mailing Address 141 Concord DR.	
Suite, Apt. #, etc. Suite 1201		Suite, Apt. #, etc. Suite 1201	
City & State Casselberry, FL		City & State Casselberry, FL	
Zip 32707	Country USA	Zip 32707	Country USA
4. FEI Number 54-2108080		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLOS, SARABASA 331 OLEANDER WAY CASSELBERRY FL 32707			
7. Name and Address of New Registered Agent Name: Carlos Sarabasa Street Address (P.O. Box Number is Not Acceptable): 141 Concord DR. Suite 1201 City: Casselberry FL Zip Code: 32707			
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CARLOS, SARABASA 331 OLEANDER WAY SUITE 1001 CASSELBERRY FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carlos Sarabasa 141 Concord DR. Suite 1201 Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		3/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT  
66004731

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

SPECTRAL MANAGEMENT, INC.  
141 CONCORD DR STE 1201  
SUITE 1001  
CASSELBERRY, FL 32707 US

Subject: SPECTRAL MANAGEMENT, INC.

Reference Number:

P03000039719

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION