## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000106183**

1. Entity Name

SPECTRUM BUSINESS SOLUTIONS INC.



Principal Place of Business

1314 EAST LAS OLAS BLVD.

SIGNATURE: \_

SUITE 1109

FORT LAUDERDALE, FL 33301

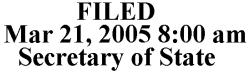
Mailing Address

1314 EAST LAS OLAS BLVD.

**SUITE 1109** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORT LAUDERDALE, FL 33301



03-21-2005 90107 018 \*\*\*150.00

~~~~0033



## DO NOT WRITE IN THIS SPACE

03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3106266 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PALMER, THOMAS, J 1314 EAST LAS OLAS BLVD. SUITE 1109 FORT LAUDERDALE, FL 33301

## DO NOT WRITE IN THIS SPACE

| 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, typed or printed name of registered agent and title II 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 Financi Trust Fund Contribution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |        | \$5.00 May Be Added to Fees |            |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICERS AND DIRECTORS                                                              |        |                             |            |
| NAME 15<br>STREET ADDRESS<br>CRY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRES PALMER, THOMAS J 1314 EAST LAS OLAS BLVD. SUITE 1109 FORT LAUDERDALE, FL 33301 |        |                             |            |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·                                                                                   |        | c .                         | •          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |        |                             | NOT WRITE  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | i.     | IN                          | THIS SPACE |
| TITLE -<br>NAME *<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ت <b>ا</b>                                                                          |        |                             |            |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | a faci |                             |            |
| 12. I hereby certify that the information supplied with this filling 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. |                                                                                     |        |                             |            |