

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90053 022 ***158.75

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| DOCUMENT # P03000112829 |  |
| 1. Entity Name SPARTACUS INVESTMENT GROUP, INC. | |

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| Principal Place of Business 4565 S. ATLANTIC AVE., STE. 5510 PONCE INLET, FL 32127 | Mailing Address 4565 S. ATLANTIC AVE., STE. 5510 PONCE INLET, FL 32127 |
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40016855



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| 2. Principal Place of Business - No P.O. Box # 4230 S. Atlantic Ave | 3. Mailing Address 3280-C S. Atlantic Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. #30 |

01272007 Chg-P CR2E034 (12/06)

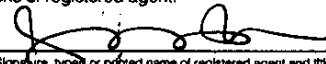
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|--|---|
| City & State Wilbur by the Sea, FL | City & State Daytona Beach Shores, FL |
| Zip 32127 | Zip 32118 |
| Country Volusia | Country Volusia |

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| 4. FEI Number 20-0845028 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NASH, TAMARA M 4565 S. ATLANTIC AVE., STE. 5510 PONCE INLET, FL 32127 | | 7. Name and Address of New Registered Agent Name Same name Street Address (P.O. Box Number is Not Acceptable) 3280-C S. Atlantic Ave #30 City Daytona Beach Shores FL Zip Code 32118 | |
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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.

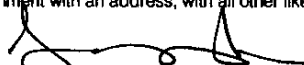
SIGNATURE  **Tamara M. Nash** ✓ DATE **2.7.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NASH, KEVIN 4565 S ATLANTIC AVE., #5510 PONCE INLET, FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3280-C S. Atlantic Ave #30 Daytona Beach Shores, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NASH, TAMARA M 4565 S ATLANTIC AVE., #5510 PONCE INLET, FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3280-C S. Atlantic Ave #30 Daytona Beach Shores, FL 32118 |
| 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 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:  **Tamara M Nash** 2.7.07 3867562672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #