## 2008 FOR PROFIT CORPORATION

**FILED ANNUAL REPORT** May 05, 2008 08:00 AN Secretary of State DOCUMENT # P03000127241 1. Entity Name SP1, INC. Principal Place of Business Mailing Address 7755 CASTLEISLAND DRIVE 7755 CASTLEISLAND DRIVE SARASOTA, FL 34240 SARASOTA, FL 34240 No Chg-P CR2E034 (11/05) 03042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0372807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INCORPORATE USA, INC. DO NOT WRITE 3150 SANDY RIDGE DR CLEARWATER, FL 33761 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000948113 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 06/02/08-80042-005 150.AA OFFICERS AND DIRECTORS 10. TITLE NAME PINKUS, STAN 7755 CASTLEISLAND DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE S.T PINKUS, IRIS NAME 7755 CASLTEISLAND DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2