


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 021 ***150.00

DOCUMENT # P04000002452	
1. Entity Name S.P.III INC	

Principal Place of Business 10318 FOXTRAIL RD. S. APT. 414 ROYAL PALM BEACH, FL 33411	Mailing Address 10318 FOXTRAIL RD. S. APT. 414 ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business 258 La Mancha Ave	3. Mailing Address 258 La Mancha Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Royal Palm Beach, Florida	City & State Royal Palm Beach, Florida
Zip 33411	Zip 33411
Country Palm Beach	Country Palm Beach

40057406



04202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3784714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PTAK, SCOTT 10318 FOXTRAIL RD. S. APT. 414 ROYAL PALM BEACH, FL 33411	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 Scott T. Ptak	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PRES	<input type="checkbox"/> Delete	TITLE PTAK, SCOTT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PTAK, SCOTT		NAME	
STREET ADDRESS 10318 FOXTRAIL RD. S., APT. 414		STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PTAK, SCOTT		NAME	
STREET ADDRESS 10318 FOXTRAIL RD. S., APT. 414		STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	
TITLE SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PTAK, SCOTT		NAME	
STREET ADDRESS 10318 FOXTRAIL RD. S., APT. 414		STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	
TITLE TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PTAK, SCOTT		NAME	
STREET ADDRESS 10318 FOXTRAIL RD. S., APT. 414		STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 proprietor 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.	
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SIGNATURE: Scott T. Ptak	Date	Daytime Phone #
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