


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 007 ***150.00

DOCUMENT # P04000004660	
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1. Entity Name SPEEDBINDER, INC.	Principal Place of Business 1575 CATTLEMEN RD # 10 SARASOTA, FL 34232	Mailing Address P.O. BOX 51405 SARASOTA, FL 34232 US
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2. Principal Place of Business - No P.O. Box # 4543 NORTH GATE COURT	3. Mailing Address Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL
Zip 34234	Country US

40004370



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0228074	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 FRICKE, WALTER 8230 60 ST CR E 811 SARASOTA, FL 34243	7. Name and Address of New Registered Agent Name WALTER FRICKE Street Address (P.O. Box Number is Not Acceptable) 3724 GUILDER ST City SARASOTA FL Zip Code 34234
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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 Walter Fricke **DATE** 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CEO	NAME FRICKE, WALTER <input checked="" type="checkbox"/> Delete	TITLE CEO	NAME FRICKE, WALTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8230 60TH ST CIRCLE EAST #811	CITY-ST-ZIP SARASOTA, FL 34243	STREET ADDRESS 3724 GUILDER ST	CITY-ST-ZIP SARASOTA FL 34234
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 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: Walter Fricke **WALTER FRICKE** **DATE** 1/10/07 **Daytime Phone #** 941-355-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR