

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017325

FILED
Apr 12, 2006
Secretary of State

Entity Name: SPIRIT ADJUSTING SOLUTIONS, INC.

Current Principal Place of Business:

6811 N. ATLANTIC AVE
SUITE B
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

38 TENNESSEE AVE
MERRITT ISLAND, FL 32953

Current Mailing Address:

1624 HARBOR DR
MERRITT ISLAND, FL 32952

New Mailing Address:

38 TENNESSEE AVE
MERRITT ISLAND, FL 32953

FEI Number: 30-0221883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRESSLER, DONNA
110 DIXIE LANE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRIEST, FRANK
Address: 1624 HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Delete
Name: HAND, WALLACE H
Address: 12530 PRIMA VISTA
City-St-Zip: SAN ANTONIO, TX 78233

Title: DPT () Delete
Name: PRIEST, FRANK JR.
Address: 1624 HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: HUMPHREYS, JAY E
Address: 1565 TARPON STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: DRESSLER, DONNA
Address: 110 DIXIE LANE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PRIEST

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date