2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000041188

1. Entity Name HOUSE OF SPYDAS, INC.



Principal Place of Business

2421 RALEIGH STREET HOLLYWOOD, FL 33020 US Mailing Address

C/O M.R. ELITE SVC 450 7TH AVE, SUITE 1701 NEW YORK, NY 10123 US

FILED Jun 01, 2006 8:00 am Secretary of State

06-01-2006 90004 007 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0965160

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THELUSMA, ANDY 2421 RALEIGH STREET HOLLYWOOD, FL 33020

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HOLLYWOOD, FL 33020		IN THIS SPACE	
The above named entity submits this statement for the particle the obligations of registered agent.	Durpose of changing its registered o	ffice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	if applicable. (NOTE: Registered Age	ent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE D THELUSMA, ANDY STREET ADDRESS 2421 RALEIGH STREET HOLLYWOOD, FL 33020	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			//U00000166309 05/30/06-80 00 4-017 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Liberaby certify that the information supplied with this f			

•a. Indicated on this report or supplied with this foliag does not quality 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #