


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054014 1. Entity Name SPETSES, INC.	
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Principal Place of Business 2329 SUNSET POINT ROAD, #203 CLEARWATER, FL 33765	Mailing Address 3317 WATERFORD DRIVE CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0919072	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 AVEROFF, LISA 3317 WATERFORD DRIVE CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

3. 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 <u><i>Lisa Averoff</i></u> <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent Signature required when reinstating)</small>	DATE <u>3/20/06</u>

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AVEROFF, LISA 3317 WATERFORD DRIVE CLEARWATER, FL 33761
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04/07/06-80017-019 150.00

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 or other like empowered.

SIGNATURE: <u><i>Lisa Averoff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3/20/06</u>	DAYTIME PHONE # <u>727-669-3911</u>
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LISA AVEROFF President