

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

22/

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90012 046 \*\*\*150.00

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000054014</b>         |  |
| 1. Entity Name<br><b>SPETSES, INC.</b> |                                                                                   |

|                                                                                             |                                                                         |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>2329 SUNSET POINT ROAD, #203<br/>CLEARWATER, FL 33765</b> | Mailing Address<br><b>3317 WATERFORD DRIVE<br/>CLEARWATER, FL 33761</b> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

*3830 Tampa Rd, FL 33684*  
*Suite 300, Palm Harbor*

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02012007 No Chg-P CR2E034 (11/05)

|                                    |                                                                   |
|------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number<br><b>20-0919072</b> | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|-------------------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>AVEROFF, LISA<br/>3317 WATERFORD DRIVE<br/>CLEARWATER, FL 33761</b> |
|---------------------------------------------------------------------------------------------------------------------------|

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 11. 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: <i>Lisa Averoff</i>                                                                                                                                                                                                  | DATE: <i>3/10/07</i> |

|                                                                             |                                                                                                                        |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                              |
|----------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>AVEROFF, LISA<br/>3317 WATERFORD DRIVE<br/>CLEARWATER, FL 33761</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 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: <i>Lisa Averoff</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE: <i>3/26/07</i> |

*727-4559290*