
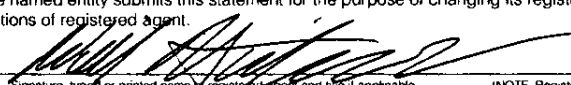
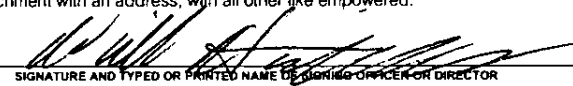


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 017 ***150.00

DOCUMENT # P04000075910 1. Entity Name SPECTRUM SPORTS PERFORMANCE, INC.			
Principal Place of Business 200 ST. ANDREWS BLVD., #1407 WINTER PARK, FL 32792		Mailing Address 200 ST. ANDREWS BLVD., #1407 WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box # 7006 STAPPOINT CT. Suite, Apt. #, etc. SUITE H City & State WINTER PARK, FL Zip Country 32792 U.S.		3. Mailing Address 7006 STAPPOINT CT. Suite, Apt. #, etc. SUITE H City & State WINTER PARK, FL Zip Country 32792 U.S.	
4. FEI Number 20-1164495		Applied For <input checked="" 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 HITZELBERGER, WILLIAM 200 ST. ANDREWS BLVD 1407 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name WILLIAM HITZELBERGER Street Address (P.O. Box Number is Not Acceptable) 7006 STAPPOINT CT SUITE H City WINTER PARK FL Zip Code 32792	
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:  DATE: 7/10/07 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME HITZELBERGER, WILLIAM STREET ADDRESS 200 ST. ANDREWS BLVD #1407 CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE VT NAME DANIEL SCHUCK STREET ADDRESS 7006 STAPPOINT CT. SUITE H CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 7/10/07 Daytime Phone #	