2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078869

Entity Name: SPRANZA INCORPORATED

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2041 CHAMPIONS WAY

NORTH LAUDERDALE, FL 33068 US

1631 SW SYLVESTER LANE
PORT ST. LUCIE, FL 34984 US

Current Mailing Address: New Mailing Address:

POB 26047 1631 SW SYLVESTER LANE TAMARAC, FL 33320 US PORT ST. LUCIE, FL 34984 US

FEI Number: 76-0758479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JASON, SPRANZA 2841 NORTH OCEAN BLVD 405

FT. LAUDERDALE, FL 33308 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RES () Delete Title: PRES (X) Change () Addition Name: SPRANZA, FRANCIS G Name: SPRANZA, FRANCIS G

 Address:
 POB 26047
 Address:
 1631 SW SYLVESTER LANE

 City-St-Zip:
 TAMARAC, FL 33320
 City-St-Zip:
 PORT ST. LUCIE, FL 34984

Title: SEC () Delete Title: SEC (X) Change () Addition Name: SPRANZA, MARIE G SPRANZA, MARIE G

 Name:
 SPRANZA, MARIE G

 Address:
 POB 26047

 City-St-Zip:
 TAMARAC, FL 33320

 Address:
 City-St-Zip:

 PORT ST. LUCIE, FL 34984

Title: VP () Delete Title: () Change () Addition

 Name:
 SPRANZA, JASON M
 Name:

 Address:
 2841 NOTH OCEAN BLVD
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33308
 City-St-Zip:

Title: AS () Delete Title: TRES (X) Change () Addition Name: SPRANZA, JOHN A Name: SPRANZA, JOHN A

 Address:
 P O BOX 26047
 Address:
 1631 SW SYLVESTER LANE

 City-St-Zip:
 TAMARAC, FL 33320
 City-St-Zip:
 PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify 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: FRANCIS G. SPRANZA PRES 04/30/2007