2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000094501

Entity Name: SPAMEVADERS, INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1011 ALBERTA STREET LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** 1011 ALBERTA STREET P.O. BOX 522194 LONGWOOD, FL 32750 LONGWOOD, FL 32752 FEI Number: 80-0111806 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: ADAMS, EARL R 1011 ALBERTA STREET LONGWOOD, FL 32750 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: ADAMS, EARL R Name: 1011 ALBERTA STREET Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: SKINNER, CHARLES W Name: SKINNER, CHARLES W 1431 KNOLLWOOD CIRCLE 1431 KNOLLWOOD CIRCLE Address: Address: ORLANDO, FL 33612 ORLANDO, FL 33612 City-St-Zip: City-St-Zip: Title: SD () Delete Title: () Change () Addition SKINNER, FRANCES Name: Name: 1431 KNOLLWOOD CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 33612 City-St-Zip: Title: () Delete Title: **EVPD** () Change (X) Addition GROTEKE, WALTER R Name: Name: Address: Address: 3568 LANDMARK TRAIL City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684 Title: Title: () Change (X) Addition () Delete Name: Name: HORN, DENNIS P Address: Address: 357 AMETHYST COURT City-St-Zip: City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: CTO () Change (X) Addition MOORE, KEITH V JR. Name: Name: 2195 DUNTREATH VALLEY DRIVE Address: Address: City-St-Zip: City-St-Zip: GERMANTOWN.. TN 38139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EARL R. ADAMS P 10/06/2005