

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094501

Entity Name: SPAMEVADERS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1011 ALBERTA STREET
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522193
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 80-0111806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAMS, EARL R
1011 ALBERTA STREET
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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:

Title: PTD () Delete
Name: ADAMS, EARL R
Address: 1011 ALBERTA STREET
City-St-Zip: LONGWOOD, FL 32750

Title: CD () Delete
Name: SKINNER, CHARLES W
Address: 1431 KNOLLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 33612

Title: SD () Delete
Name: SKINNER, FRANCES
Address: 1431 KNOLLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 33612

Title: EVPD () Delete
Name: GROTEKE, WALTER R
Address: 3568 LANDMARK TRAIL
City-St-Zip: PALM HARBOR, FL 34684

Title: CFO () Delete
Name: HORN, DENNIS P
Address: 357 AMETHYST COURT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: SKINNER, WESLEY T
Address: 10925 N. ASTER AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS P HORN

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date