

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000171360



1. Entity Name:
SPECTACULAR TEMPORARIES, INC.

Principal Place of Business
4706 TOWN N' COUNTRY BOULEVARD
TAMPA, FL 33615

Mailing Address
4706 TOWN N' COUNTRY BOULEVARD
TAMPA, FL 33615

2. Principal Place of Business
3550 North Orange Blossom Trail
Suite A

3. Mailing Address
3550 North Orange Blossom Trail
Suite A

City & State
ORLANDO

FL

City & State
ORLANDO FL

Zip
32804

Country
USA

Zip
32804

Country
USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
WINSTON J. MOORE

Street Address (P.O. Box Number is Not Acceptable)

3550 North Orange Blossom Trail

Suite A

City
ORLANDO

FL

Zip Code
32804

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

Winston J. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-19-06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
MOORE, WINSTON J
4706 TOWN N' COUNTRY BOULEVARD
TAMPA, FL 33615

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Winston J. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-19-06

407-445-3120

Date Daytime Phone #



07192006 Chg-P CR2E034 (11/05)

4. FEI Number
20-205 2030

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required