2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032754

Entity Name: SPELL & HIMES PROPERTIES, INC.

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2012 MEADOWBROOK DR 11679 N HIGHWAY 301 THONOTOSASSA, FL 33592 LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

2012 MEADOWBROOK DR 11679 N HIGHWAY 301 LUTZ, FL 33558 THONOTOSASSA, FL 33592

FEI Number: 20-2434700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATE CREATIONS NETWORK, INC. HIMES, TIMOTHY 11380 PROSPERITY FARMS ROAD #221E 2012 MEADOWBROOK DR PALM BEACH GARDENS, FL 33410 LUTZ, FL 33558

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: TIMOTHY HIMES 03/27/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition SPELL, LOUIS T SPELL, LOUIS T Name: Name: 10032 E FOWLER AVE 10032 E FOWLER AVE Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: THONOTOSASSA, FL 33592

Title: VΡ Title: () Delete (X) Change () Addition

Name: HIMES, TIMOTHY Name: HIMES, TIMOTHY

2012 MEADOWBROOK DR 2012 MEADOWBROOK DR Address: Address:

LUTZ, FL 33558 LUTZ, FL 33558 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete SPELL, RHONDA SPELL, RHONDA Name: Name:

10032 E FOWLER AVE 10032 E FOWLER AVE Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: THONOTOSASSA, FL 33592

Title: () Delete Title: (X) Change () Addition HIMES, VIVIAN HIMES, VIVIAN Name: Name:

Address: 2012 MEADOWBROOK DR Address: 2012 MEADOWBROOK DR

City-St-Zip: City-St-Zip: LUTZ, FL 33558 LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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: RHONDA S SPELL S 03/27/2007