## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **ANNUAL REPORT** Mar 19, 2007 08:00 A Secretary of State DOCUMENT # P05000060976 1. Entity Name SPI SERVICES, INC. Principal Place of Business Mailing Address **501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE** SUITE 504 SUITE 504 MIAMI, FL 33131 MIAMI, FL 33131 03142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 20-2946287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, WESLEY M DO NOT WRITE 501 BRICKELL KEY DRIVE SUITE 504 IN THIS SPACE MIAMI, FL 33131 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. VP.D TITLE ROBINSON, WESLEY M NAME STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 504 CITY-ST-ZIP MIAMI, FL 33131 P.D HOWE, OSMOND C JR. U00000672137 03/28/07-80057-018 150.00 NAME STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 504 MIAMI, FL 33131 CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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:

CITY-ST-7IP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415/07

Daytime Phone #