2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000136956 1. Entity Name SPADY.COM, INC.					FILED	
Principal Place of Business 4515 S. FEDERAL HIGHWAY FORT PIERCE, FL 34982 Mailing Address 4515 S. FEDERAL HIGH FORT PIERCE, FL 34982 FORT PIERCE, FL 3498					O7 SEP 17 PM 3: 51 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
Principal Place of Business - No P.O. Box # 3. Mailing Addr			·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08282007 Chg-P CR2E034 (12/06)	
City & State		City & State			4. FEI Number Applied For 20-3704799 Not Applicable	
Žip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent	
PERRY, STEVEN L 2400 SE FEDERAL HIGHWAY FOURTH FLOOR			Street	Street Address (P.O. Box Number is Not Acceptable)		
STUART, 8			City		FL Zip Code	
SIGNATURE_	Signature, typed or printed name of registered agent ended AR is \$61.25	and see if applicable. (NO 9. Election Camp. Trust Fund Cor		\$5	0.00 May Be ded to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NTILE NAME STREET ADDRESS CITY-ST-ZIP	PT SPADY, GREG 2750 OSBORNE DRIVE EAST HASTINGS, NE 68901	🔀 Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2750	DY, GREG □ OSBORNE DRIVE EAST TINGS, NE 68901	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VPS SPADY, SANDRA 7381 SW KANTNER DRIVE STUART, FL 34997	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2835	☐ Change 🔀 Addition ION, DAVID A. S SE ST. LUCIE BLVD. ART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	381 V	☐ Change ☑ Addition ION, TANVEER A. WABASH TERR. IT CHARLOTTE, FL 33954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ma	□ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition 900109870729 09/25/0701007001 **61.25	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Change ☐ Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	3	☐ Change ☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emi- or on an attachment with an address.	h this filing does not qualify is strue and accurate and that owered to execute this repor with all other like empowered	for the exemptions my signature shall t as required by C d.	contained have the hapter 60	od in Chapter 119, Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE: GREG SPADY AUG. 28,2007 402 463-4000 Date Dayling Phone &						