



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 045 ***158.75

DOCUMENT # P05000145716					
1. Entity Name SPECTRUM SERVICES INC.					
Principal Place of Business 2403 GOLF RD PHILADELPHIA, PA 19131			Mailing Address 2403 GOLF RD PHILADELPHIA, PA 19131		
2. Principal Place of Business - No P.O. Box # 4636 West Plano Parkway Suite, Apt. #, etc. 226 City & State Plano TX Zip 75093 Country Collin		3. Mailing Address 4636 West Plano Parkway Suite, Apt. #, etc. 226 City & State Plano TX Zip 75093 Country Collin			
4. FEI Number 20-3735995		Chg-P CR2E034 (12/06)			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____, FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD RAY, MARILYN 2403 GOLF RD PHILADELPHIA, PA 19131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY, MARILYN 2403 GOLF RD PHILADELPHIA, PA 19131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAY, KEVIN 301 N BEAUREGARD ST #303 ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Marilyn Ray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>8/22/08</i> Daytime Phone # <i>215-432-9914</i>	