2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P06000008174

Entity Name: SPD SOLUTIONS, INC.

Current Principal Place of Business:

P O BOX 6303
SPRING HILL, FL 34611 US

New Principal Place of Business:

15315 FLIGHT PATH DR
BROOKSVILLE, FL 34604 US

Current Mailing Address:

P O BOX 6303
SPRING HILL, FL 34611 US

New Mailing Address:

15315 FLIGHT PATH DR
BROOKSVILLE, FL 34604 US

FEI Number: 20-4119380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICK, FAGAN W
10410 DUNKIRK RD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAGAN, PATRICK W
Address: 10410 DUNKIRK RD
City-St-Zip: SPRING HILL, FL 34608 US

Title: VP ( ) Delete
Name: FAGAN, KRISTY A
Address: 10410 DUNKIRK RD
City-St-Zip: SPRING HILL, FL 34608 US

Title: TREA ( ) Delete
Name: FAGAN, DONNA M
Address: 5065 KEYSVILLE AVE
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FAGAN, DAVID W
Address: 5065 KEYSVILLE AVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID W FAGAN VP 01/18/2007
Electronic Signature of Signing Officer or Director Date