2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008174

Entity Name: SPD SOLUTIONS, INC.

FILED Feb 05, 2008 Secretary of State

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

15315 FLIGHT PATH DR 2381 CIRCUIT WAY

BROOKSVILLE, FL 34604 US BROOKSVILLE, FL 34604 US

Current Mailing Address: New Mailing Address:

15315 FLIGHT PATH DR 2381 CIRCUIT WAY

BROOKSVILLE, FL 34604 US 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: Name and Address of New Registered Agent:

PATRICK, FAGAN W
10410 DUNKIRK RD
14646 DEACON COURT
SPRING HILL, FL 34608 US
PATRICK, FAGAN W
14646 DEACON COURT
SPRING HILL, FL 34609 US

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: PATRICK W. FAGAN 02/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: VP (X) Change () Addition Name: FAGAN, PATRICK W Name: FAGAN, PATRICK W

 Name:
 FAGAN, PATRICK W
 Name:
 FAGAN, PATRICK W

 Address:
 10410 DUNKIRK RD
 Address:
 14646 DEACON COURT

 City-St-Zip:
 SPRING HILL, FL 34608 US
 City-St-Zip:
 SPRING HILL, FL 34609 US

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 FAGAN, DAVID W
 Name:
 FAGAN, DAVID W

 Address:
 5065 KEYSVILLE AVE
 Address:
 5065 KEYSVILLE AVE

 City-St-Zip:
 SPRING HILL, FL 34608 US
 City-St-Zip:
 SPRING HILL, FL 34608 US

Title: TREA () Delete Title: () Change () Addition

 Name:
 FAGAN, DONNA M
 Name:

 Address:
 5065 KEYSVILLE AVE
 Address:

 City-St-Zip:
 SPRING HILL, FL 34608 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA M. FAGAN TREA 02/05/2008