


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 020 \*\*\*150.00

<b>DOCUMENT # P06000039586</b> 1. Entity Name <b>S &amp; P MANAGEMENT SERVICES, INC.</b>	
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Principal Place of Business <b>2413 NE 19TH DRIVE GAINESVILLE, FL 32609</b>	Mailing Address <b>2413 NE 19TH DRIVE GAINESVILLE, FL 32609</b>
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2. Principal Place of Business - No P.O. Box # <b>3600 NW 43rd Street</b>	3. Mailing Address <b>3600 NW 43rd Street</b>
Suite, Apt. #, etc. <b>E-2</b>	Suite, Apt. #, etc. <b>E-2</b>

03292007    Chg-P    CR2E034 (12/06)

City & State <b>Gainesville FL</b>	City & State <b>Gainesville FL</b>	4. FEI Number <b>20-4521989</b>	Applied For <input type="checkbox"/> Not Applicable
Zip    Country <b>32606    Alachua</b>	Zip    Country <b>32606    Alachua</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LITTELL, CHARLES W  
4041 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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**10. OFFICERS AND DIRECTORS**

TITLE	P/D	<input type="checkbox"/> Delete
NAME	<b>D'ALTO, PAUL</b>	
STREET ADDRESS	<del>2413 NE 19TH DRIVE</del>	
CITY-ST-ZIP	<del>GAINESVILLE, FL 32609</del>	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	<b>BRUCE, SCOTT D</b>	
STREET ADDRESS	<b>2413 NE 19TH DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32609</b>	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	<del>BRUCE, SCOTT D</del>	
STREET ADDRESS	<del>2413 NE 19TH DRIVE</del>	
CITY-ST-ZIP	<del>GAINESVILLE, FL 32609</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3600 NW 43rd Street E-2</b>	
CITY-ST-ZIP	<b>Gainesville FL 32606</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3600 NW 43rd Street E-2</b>	
CITY-ST-ZIP	<b>Gainesville FL 32606</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3600 NW 43rd Street E-2</b>	
CITY-ST-ZIP	<b>Gainesville FL 32606</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**     **3/31/07**    **352-244-0470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #