

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067590

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: SPECIAL PAMPERING ATTITUDE, INC.

## Current Principal Place of Business:

36245 STATE RD. 52 WEST  
DADE CITY, FL 33525

## New Principal Place of Business:

13831 US HWY. 98 BY-PASS  
DADE CITY, FL 33525

## Current Mailing Address:

36245 STATE RD. 52 WEST  
DADE CITY, FL 33525

## New Mailing Address:

13831 US HWY. 98 BY-PASS  
DADE CITY, FL 33525

FEI Number: 32-0179703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD.,  
SUITE 400  
MIAMI BEACH, FL 33139 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: HARRELSON, KIMBERLY  
Address: 36245 STATE RD. 52 WEST  
City-St-Zip: DADE CITY, FL 33525

Title: S ( ) Delete  
Name: FLOYD, SHERYL  
Address: 36245 STATE RD. 52 WEST  
City-St-Zip: DADE CITY, FL 33525

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARRELSON, KIMBERLY  
Address: 13831 US HWY 98 BY-PASS  
City-St-Zip: DADE CITY, FL 33525

Title: S (X) Change ( ) Addition  
Name: FLOYD, SHERYL  
Address: 13831 US HWY 98 BY-PASS  
City-St-Zip: DADE CITY, FL 33525

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: SHERYL D. FLOYD

S

04/11/2007

Electronic Signature of Signing Officer or Director

Date