

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083708

Entity Name: SPC INVESTORS CORP.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

12909 BROOKCREST PL
RIVERVIEW, FL 33569

New Principal Place of Business:

12909 BROOKCREST PL
RIVERVIEW, FL 33578

Current Mailing Address:

12909 BROOKCREST PL
RIVERVIEW, FL 33569

New Mailing Address:

12909 BROOKCREST PL
RIVERVIEW, FL 33578

FEI Number: 41-2209895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGHPRASERT, SUPOB
12909 BROOKCREST PL
RIVERVIEW, FL 33569 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/D () Delete
Name: SINGHPRASERT, SUPOB
Address: 12909 BROOKCREST PL
City-St-Zip: RIVERVIEW, FL 33569

Title: VP/D (X) Delete
Name: PINO, ROBERTO
Address: 4702 DUNGUIN PL
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: SUPOB SINGHPRASERT

P/D

01/16/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date