2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State

DOCUMENT # P06000126803 1. Entity Name SPERLING CONSULTING, INC.					05-07-2007 90063 004 ***150.00				
Principal Place of Business Mailing Address			L		- -				
9625 NW 1ST COURT, #302		9625 NW 1ST COURT, #302							
PEMBROKE PINES, FL 33024		PEMBROKE PINES, FL 33024							
						4 SII	2012 11210 11210	ROLERIN SOITO EN	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122007	Chg-P	CR2EC	34 (12/06)		
City & State		City & State			4. FEI Number	5653	133		pplied For ot Applicable
Zip	Country	Zip	Country	у		of Status Desire	° ⊔	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
SPERLING, SHEILA				Ivame					
9625 NW 1ST COURT UNIT 302				Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES, FL 33024									
				City FL Zip Code					
8. The above	named entity submits this statement to	or the purpose of changing its r	registered	f office or registe	ered agent, or bot	h, in the State of	f Florida. I am	familiar with,	and accept
the obligat	ions of registered agent	MANN IN	N	,			F 11	λM	
SIGNATURE	Signature, typed or printed name of registered agent	and little applicable. (NOTE.	. Registered /	Agent signature require	d when reinstating)	į	5-4- DATE	0 1	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri		sing \$5	.00 May Be ded to Fees			•	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO (OFFICERS AND	DIRECTOR	S IN 11
TITLE	PTS							☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS					
TITLE	TEMOTORE THEO, TE GODE	Delete	INLE	, 2.				☐ Change	☐ Addition
NAME			NAME					_ ,	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP				F7 a	
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS			STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME SIREET	F ADDRESS					
CITY-ST-ZIP			CITY-S	I					
TITLE		☐ Delele	TITLE					☐ Change	Addition
NAME			HAME						
STREET ADDRESS CITY-ST-ZIP	1			F ADDRESS					
JULI DE LE			CITA C	t-7IP					
TITLE		☐ Delebe	CITY-S	ST-ZIP				☐ Channe	Addition
TITLE NAME		☐ Delete	TITLE NAME	ST-ZIP				☐ Change	Addition
		☐ Delete	TITLE NAME	I ADDRESS				☐ Change	Addition

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 receiper of 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.

GNATURE:

GNATURE:

Date

Daytime Phorie #

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To whom It May Concern:

My accountants office called me to make sure I had filed this report and that was the first I when of this.

I live in an apartment complex I do not know if it was delivered incorrectly.

I picked this up talay and am sending today the money.

Please understand that I would have scrit immediately.

Respectfully Sporty