2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06968

Entity Name: SPECTERA, INC.

FILED May 01, 2009 Secretary of State

Current Dringing Blood of Business			Now Princ	New Principal Place of Business:	
Current Principal Place of Business:			New Fillic	ipai Flace of Busilless.	
LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA, MD 21045 US					
Current Mailing Address:			New Mailing Address:		
5995 PLAZA CA112-026 CYPRESS,	7	US			
FEI Number:	52-1260282	FEI Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:					
	Electroni	Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I GULSTRAND, PA 5901 LINCOLN E EDINA, MN 5543	PRIVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition YEE, DON PO BOX 9472 MINNEAPOLIS, MN 55440	
Title: Name: Address: City-St-Zip:	S () I RYAN, TIMOTHY 9900 BREN ROA MINNETONKA, M	D EAST	Title: Name: Address: City-St-Zip:	S (X) Change () Addition RYAN, TIMOTHY F 6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427	
Title: Name: Address: City-St-Zip:	D () I SPARKMAN, DAY 9900 BREN ROA MINNETONKA, M	D EAST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SPARKMAN, DAVID L 6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427	
Title: Name: Address: City-St-Zip:	D () I WAY, JOHN A 9900 BREN ROA MINNETONKA, M		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SOUZA, DIANE D 100 NORTHFIELD DR, FL 1 WINDSOR, CT 06095	
Title: Name: Address: City-St-Zip:	STERN, KYLE C	Delete , 6220 OLD DOBBIN LANE 21045	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () I OBERRENDER, 9900 BREN ROA MINNETONKA, M	D EAST	Title: Name: Address: City-St-Zip:	()Change()Addition	

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: TIMOTHY F RYAN S 05/01/2009