


FILED
Mar 06, 2008 8:00 am
Secretary of State

01-14-2008 90091 018 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000024553			
1. Entity Name SPECTRYM INC.			
Principal Place of Business 424 NE 10TH AVE POMPANO BEACH, FL 33060		Mailing Address PO BOX 970337 COCONUT CREEK, FL 33097	
2. Principal Place of Business - No P.O. Box # 98 VENTNOR E		3. Mailing Address PO BOX 970337	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Coconut Creek,	
City & State DEERFIELD BEACH, FL		City & State FL	
Zip 33442	Country USA	Zip 33097	Country
4. FEI Number 90-0324335		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Raymond W. Mullaney 424 NE 10th Ave Pompano Beach, FL 33060		7. Name and Address of New Registered Agent Name MARGARET ANTAPASIS Street Address (P.O. Box Number is Not Acceptable) 98 VENTNOR E City DEERFIELD BEACH FL Zip Code 33442	
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 <u>Margaret Antapasis</u> DATE <u>3-3-08</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. MULLANEY, RAYMOND W 424 NE 10TH AVE POMPANO BEACH, FL 33060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. MARGARET ANTAPASIS 98 VENTNOR E DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Margaret Antapasis</u>		Date <u>3-3-08</u> Daytime Phone # <u>954-531-9777</u>	

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