

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026746

Entity Name: SP AZALEA PLACE GP INC.

FILED  
Feb 21, 2008  
Secretary of State

**Current Principal Place of Business:**

25400 US HIGHWAY 19 N, SUITE 154  
CLEARWATER, FL 33763

**New Principal Place of Business:**

2430 ESTANCIA BOULEVARD, SUITE 101  
CLEARWATER, FL 33761

**Current Mailing Address:**

2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 20-8542522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANTU, DAVID O  
2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761 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: PSTD ( ) Delete  
Name: PAGE, J. DAVID  
Address: 25400 US HIGHWAY 19 N, SUITE 154  
City-St-Zip: CLEARWATER, FL 33763

Title: VP ( ) Delete  
Name: LEACH, PETER H  
Address: 25400 US HIGHWAY 19 N, SUITE 154  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: PAGE, J. DAVID  
Address: 2430 ESTANCIA BOULEVARD, SUITE 101  
City-St-Zip: CLEARWATER, FL 33761

Title: VP (X) Change ( ) Addition  
Name: LEACH, PETER H  
Address: 2430 ESTANCIA BOULEVARD, SUITE 101  
City-St-Zip: CLEARWATER, FL 33761

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: JEFFREY C. STEINERT

Electronic Signature of Signing Officer or Director

AUTH

02/21/2008

Date