2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 16, 2008 8:00 am Secretary of State

DOCUMENT # P07000106652 1. Entity Name SPECTRUM REAL ESTATE GROUP INC.						05-23-200	08 90019 029	***150.00
Principal Place of Business 5938 RIVER ROAD NEW PORT RICHEY, FL 34652		Mailing Address 5938 RIVER ROAD NEW PORT RICHEY, FL 34652						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152008	Chg-P	CR2E034 (12/6	06)
City & State		City & State			4 FEI Numb	ำหุกกว	9	Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR				Street Address (P.O. Box Numb	er is Not Acceptable)	
MIAMI, FL			City				FL Zip (>ode
the obligation	named entity submits this statement fons of registered agent. Squature, typed or profes name of registered agent.		_	od office or register		sth, in the State of Flo	rida. I am familiar w	ith, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont		cing \$5.	00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sonia Magn 5938 River R New Port RIC		11. TITLE HAME STREET		ADDITIONS	CHANGES TO OFF	CERS AND DIRECT	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREE	1			☐ Chan	ge 🗀 Addition
title Name Street Adoress City-St-ZP		☐ Deleta		I			☐ Chan	e 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		T ADDRESS ST-7P			_ Chang	e 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delata		T ADDRESS SI-789			☐ Chang	e 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chaoc	e 🔲 Addition
of the corp changed,	ertily that the information supplied wit on this report or supplemental report lo ocration or the receiver or trustee emp or on an attachment with an address.	n this filling does not qualify to s true and accurate and that n owered to execute this report with all other like empowered.	r the exemy signatures require	mptions contained ure shall have the s ed by Chapter 607.	in Chapter 119 terne legal effec Florida Statute), Fiorida Statutes, i i it as if made under or es; and that my name	iurther certify that the ath; that I am an office appears in Block 10	e information cer or director or Block 11 if
SIGNAT	URE: NOTATION TYPES OR	PRINTED HAIFE OF SIGNING OFFICER	OR DERECT	DR -	7/4	Dans	Cayerne Phone	