## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000123632

Name:

Address: City-St-Zip: YIMBO, JOEL N JR.

252 EAST UNION STREET, #2

KINGSTON, NY 12401 US

Entity Name: SPIN GRIP TECHNOLOGIES, INC.

FILED May 01, 2008 Secretary of State

•		· - · , · · · · · ·			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH COURT				
#6 FORT LAU	JDERDALE, FL 33312	US			
Current M	lailing Address:		New Mailing Addres	s:	
	TH COURT				
#6 FORT LAU	JDERDALE, FL 33312	US			
FEI Number	: 33-1190408 FEI Numb	er Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	JOSEPH E TH COURT				
	JDERDALE, FL 33312 U	S			
	named entity submits this e of Florida.	s statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
	ce with s. 607.193(2)(b), F.S., npaign Financing Trust Fund		t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete WATSON, JOSEPH E 729 SW 4TH COURT, #6 FORT LAUDERDALE, FL 33	3312 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete EAGLE, DAVID A 110 S.E. 6TH STREET, #6 FORT LAUDERDALE, FL 33	3301 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T () Delete		Title:	( ) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH WATSON P 05/01/2008