

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032193

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: SPP MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

480 LAKE BENNETT CT  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

480 LAKE BENNETT CT  
LONGWOOD, FL 32750 US

## New Mailing Address:

FEI Number: 26-2273437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARPIA, PARVEEN  
480 LAKE BENNETT CT  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

PARPIA, SHAUKATALI  
480 LAKE BENNETT CT  
LONGWOOD, FL 32750 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: SHAUKATALI PARPIA

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARPIA, PARVEEN  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP ( ) Delete  
Name: PARPIA, SHAUKATALI  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: TREA ( ) Delete  
Name: PARPIA, PARVEEN  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: SECY ( ) Delete  
Name: PARPIA, SHAUKATALI  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARPIA, SHAUKATALI  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP (X) Change ( ) Addition  
Name: PARPIA, PARVEEN  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: TREA (X) Change ( ) Addition  
Name: PARPIA, SHAUKATALI  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

Title: SECY (X) Change ( ) Addition  
Name: PARPIA, PARVEEN  
Address: 480 LAKE BENNETT CT  
City-St-Zip: LONGWOOD, FL 32750 US

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: SHAUKATALI PARPIA

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date