


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P40816	
1. Entity Name SPINNEYBECK ENTERPRISES, INC.	

Principal Place of Business 425 CROSSPOINT PKWY SUITE 100 GETZVILLE, NY 14068 US	Mailing Address 425 CROSSPOINT PKWY SUITE 100 GETZVILLE, NY 14068 US
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DO NOT WRITE IN THIS SPACE



03262003 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1159029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME WALL, R STREET ADDRESS 425 CROSSPOINT PKWY SUITE 100 CITY-ST-ZIP GETZVILLE, NY 14068	<p>U00000162979 07/01/04-80002-010 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE D NAME STANIAR, B STREET ADDRESS 1235 WATER STREET CITY-ST-ZIP EAST GREENVILLE, PA 18041	
TITLE V NAME WOLF, J STREET ADDRESS 425 CROSSPOINT PKWY SUITE 100 CITY-ST-ZIP GETZVILLE, NY 14068	
TITLE VD NAME MCCABE, B STREET ADDRESS 1235 WATER STREET CITY-ST-ZIP EAST GREENVILLE, PA 18041	
TITLE VS NAME MILBERGER, P STREET ADDRESS 1235 WATER STREET CITY-ST-ZIP EAST GREENVILLE, PA	
TITLE V NAME FRANCIS, S. STREET ADDRESS 425 CROSSPOINT PKWY SUITE 100 CITY-ST-ZIP GETZVILLE, NY 14068	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>BUSANNE E. FRANCIS</i>	DATE: June 21, 2004	DAYTIME PHONE #: 716.446.3380
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		