

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90382 041 ***150.00

DOCUMENT # P93000011895		
1. Entity Name VOGT-SPEAR CORPORATION		

Principal Place of Business 88980 OVERSEAS HWY TAVERNIER, FL 33070 US	Mailing Address 88980 OVERSEAS HWY TAVERNIER, FL 33070 US
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2. Principal Place of Business - No P.O. Box # 94401 OVERSEAS Hwy	3. Mailing Address 94401 OVERSEAS Hwy
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201

City & State TAVERNIER, FL	City & State TAVERNIER, FL
Zip 33070	Country USA
Zip 33070	Country USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VOGT, MIKE 94401 OVERSEAS HWY STE 201 TAVERNIER, FL 33070		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

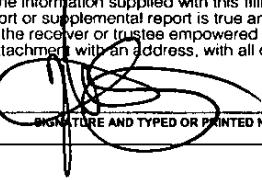
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGT, MIKE 88980 OVERSEAS HWY TAVERNIER, FL 33070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 94401 OVERSEAS Hwy #201 TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEAR, RALPH E 88980 OVERSEAS HWY TAVERNIER, FL 33070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 94401 OVERSEAS Hwy #201 TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 305-852-3447

Date

Daytime Phone #