


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90044 050 \*\*\*150.00

**DOCUMENT # P95000000329**  
 1. Entity Name  
**DOWNEAST SUPPORT SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**3389 SAWOOD CREEK TRAIL P.O. BOX 1893**  
**PALM CITY, FL 34990 US PALM CITY, FL 34990 US**

40031020

( P95000000329P )

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02012008 Chg-P CR2E034 (12/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0548625** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPUGNARDI, R. SCOTT**  
**3389 S.W. WOOD CREEK TRAIL**  
**PALM CITY, FL 34990**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRYAN, DEAN	79 FROST ST	PORTLAND, ME 04102	<input type="checkbox"/>
D	SPUGNARDI, DENISE	3389 S.W. WOOD CREEK TRAIL	PALM CITY, FL 34990	<input type="checkbox"/>
D	PHOEBUS, KRISTEN	3514 SW SAWGRASS VILLA DR	PALM CITY, FL 34990	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT		119 Hearthside Rd.	Standish, Maine 04084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY/TREASURER				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT		861 S.E. Tammel Trace	Stuart FL 34997	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: 2/19/08 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR