

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90047 011 ***150.00

DOCUMENT # P95000087285					
1. Entity Name SPIRIT FILLED INVESTMENT CORPORATION, INC.					
Principal Place of Business 9160 N.W. 32ND COURT ROAD MIAMI, FL 33147			Mailing Address 9160 N.W. 32ND COURT ROAD MIAMI, FL 33147		
2. Principal Place of Business - No P.O. Box # 9160 N.W. 32nd Rd		3. Mailing Address 9160 N.W. 32nd Rd		40021266 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007 Chg-P CR2E034 (12/06)	
City & State Miami		City & State		4. FEI Number 65-0619908	
Zip 33147		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRARY, JESSE J JR. ESQ 2800 BISCAYNE BLVD. 9TH FLOOR MIAMI, FL 33137			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 <u>Richard B. Bernard</u> <u>Miami Fla</u> <u>33147</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE BM NAME BROWNE, ALBERT STREET ADDRESS 17501 N.W. 42ND AVE. CITY-ST-ZIP MIAMI, FL 33055	<input checked="" type="checkbox"/> Delete		TITLE Add NAME Richard Bernard STREET ADDRESS 9160 N.W. 32nd Rd CITY-ST-ZIP Miami Fla 33147	<input type="checkbox"/> Change, <input type="checkbox"/> Addition	
TITLE VP NAME DANIELS, ALBERT JR STREET ADDRESS 17619 NW 66 CT. CITY-ST-ZIP MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SAMUELS, GENE STREET ADDRESS 7170 SW 8TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33023	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BM NAME FERGUSON, DANA STREET ADDRESS 8990 NW 188TH STREET CITY-ST-ZIP HIALEAH, FL 33018	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BERNARD, RICHARD STREET ADDRESS 9160 NW 32 CT AVE CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME JAMES, DAVID STREET ADDRESS 14611 SW 37TH ST CITY-ST-ZIP MIRAMAR, FL 33027	<input checked="" 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: <u>Richard Bernard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>02-16-07</u> <small>Date Daytime Phone #</small>		