2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: PATRICIA KLEIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P96000081248 1. Entity Name SPI MANUFACTURING COMPANY, INC. Principal Place of Business Mailing Address 7073 SHORE DRIVE SOUTH 7073 SHORE DRIVE SOUTH ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 02202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3402881 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLEIM, PATRICIA J DO NOT WRITE 7073 SHORE DRIVE SOUTH ST. PETERSBURG, FL 33707 IN THIS SPACE 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 acceptable to the purpose of changing its registered agent, or both, in the State of Florida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS NAME KLEIM, PATRICIA J STREET ADDRESS 7073 SHORE DRIVE SOUTH CITY-ST-ZIP ST. PETERSBURG, FL 33707 TITLE NAME U00000545688 STREET ADDRESS 05/11/06-80084-025 150.00 CRY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #