2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 13, 2007 08:00 A Secretary of State DOCUMENT # P96000102334 1. Entity Name SPAF, INC. Principal Place of Business Mailing Address 10973 SW 37 MANOR 10973 SW 37 MANOR **DAVIE, FL 33316** DAVIE, FL 33316 03152007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0738333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DISALVO, STEVE DO NOT WRITE 10973 SW 37 MANOR **DAVIE, FL 33328** 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DISALVO, STEVE NAME STREET ADDRESS 10973 SW 37 MANOR CITY-ST-ZIP DAVIE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the supplied with th does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if ental report is t changed, or on an attac

D NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #