2006 FOR PROFIT CORPORATION

FILED Jan 24, 2006 8:00 am

ANNUAL REPURI							Secretary of State					
DOCUMENT # P98000035135 1. Entity Name SPINICELLI HOLDING CORPORATION							01-24-2006 90015 013 ***150.00					
Principal Place of Business 9484 AMERICAN EAGLE WAY ORLANDO, FL 32837		9	Mailing Address 9484 AMERICAN EAGLE WAY ORLANDO, FL 32837				30000 B					
2. Principal Place of Business		3. 1	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112006	Chg-P	CR2E0	34 (11/05)		
City & State		(City & State				4. FEI Number 59-3523379				plied For Applicable	
Zip Country			Zip		Country			of Status Desired		\$8.75 Add Fee Required		
SPINICELLI, MARK J. SPINICELLI, MARK J.					Name			Address of New Re				
9484 AMERICAN EAGLE WAY ORLANDO, FL 32837					Street Add	dress (I	P.O. Box Numbe	r is Not Acceptable)	· · ·		···-	
					City				FL	Zip Code)	
	named entity submits this statemer ions of registered agent.	nt for the p	ourpose of changing its	registere	ed office or re	egister	ed agent, or boti	n, in the State of Flor	ida. I am i	amiliar with, a	and accept	
SIGNATURE_	Signature, typed or printed name of registered a	gent and title i	if applicable. (NOTE	E: Registere	d Agent signature	s required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5		9. Election Campai Trust Fund Cont	ribution.	ecing	\$5. Add	00 May Be ed to Fees					
10.	OFFICERS A	ND DIREC		11.			ADDITIONS/	CHANGES TO OFFI	CERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINICELLI, MARK J 9484 AMERICAN EAGLE WA ORLANDO, FL 32837	Υ	☐ Delete							☐ Change	☐ Addition	
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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 of 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 withlan address, with all other like empowered.

SIGNATURE: _

407-888-8300