### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P98000039063

1. Entity Name

ROSEMARIE L. SPYTEK, INC.



Principal Place of Business

Mailing Address

2345 14TH AVE

STE 5

2345 14TH AVE

STE 5

VERO BEACH, FL 32960

VERO BEACH, FL 32960

#### FILED Mar 21, 2007 08:00 A Secretary of State



#### DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0833949 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPYTEK, ROSEMARIE 2345 14TH AVE, STE 5 VERO BEACH, FL 32960

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE	applicable /NOTE: Decirtured Agents	nt elone bye	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be	U00000675790 03/30/07-80033-017 150.00
10. OFFICERS AND DIREC				- <del> </del>

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

TITLE PSTD NAME SPYTEK, ROSEMARIE L STREET ADDRESS 2345 14TH AVE, STE 5 CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

Rosemarie Spytck 3-10

5-19-07 (772)567-6066

Daytime Phone #