2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000040330

1. Entity Name
ALLESPI, INC.

Principal Place of Business	Mailing Address
504 SHADOW GROVE COURT LUTZ, FL 33549	504 SHADOW GROVE COURT LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

01082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3509272	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOLA, KENNETH
504 SHADOW GROVE CT
LUTZ, FL 33549

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000477209
04/06/06-80043-004 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PTD	
NAME	ESPINOLA, KENNETH E	
STREET ADDRESS	504 SHADOW GROVE COURT	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SVD	
NAME	ESPINOLA, SHARON A	
STREET ADDRESS	504 SHADOW GROVE COURT	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 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: _Kenneth E. Espinola_   KENNETH E. Espinola   03/29/06   813 546-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #