2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000043155

SPINNING STONE SOFTWARE, INC.



FILED Feb 01, 2007 08:00 AM **Secretary of State**

Principal Place of Business

801NORTH VENETIAN DRIVE

UNIT 905

MIAMI, FL 33139 US

Mailing Address

801NORTH VENETIAN DRIVE

UNIT 905

MIAMI, FL 33139



01092007

No Chg-P

CR2E034 (11/05)

4, FEI Number 65-0840019

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1	5. Name and	Address	of Curr	ent Reg	isterec	Agent

STABBERT, ROBERT 801 NORTH VENETIAN DRIVE **UNIT 905**

MIAMI, FL 33139

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	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and eccept
SIGNATURE.					
	Signature, typed or printed name of registered agent and little	if applicable. (NOTE, Registered	d Agent signatur	e required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	<u> </u>	 	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STABBERT, ROBERT 801 NORTH VENETIAN DRIVE #905 MIAMI, FL 33139				U00008616616 02/07/07-80035-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TUTLE . NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

HOLL WALLE ROBERT 4. STABBERT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

27/2007 (303) 381-8647