


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000091250 1. Entity Name DOVERSPIKE CORPORATION	
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Principal Place of Business 10675 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436	Mailing Address 10675 QUAIL COVEY ROAD BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0879529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BELSON, STEVEN A ESQ BELSON & LEWIS 2500 NORTH MILITARY TRAIL, SUITE 465 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000628990 02/16/07-80038-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOVERSPIKE, ELEANOR M 10675 QUAIL COVEY RD BOYNTON BCH, FL 33436
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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: Eleanor M. Doverspike **2/6/07 561-738-7750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #