2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014853

Entity Name: SPECTRE ENTERPRISES, INC.

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business:			Now Princ	New Principal Place of Business:		
560 VILLAG BRANDYW	E BOULEVAR	D, SUITE 250	New Fillic	ipai Fiace of Busilies:	s.	
Current Mailing Address:			New Maili	New Mailing Address:		
560 VILLAGE BOULEVARD, SUITE 250 BRANDYWINE II WEST PALM BEACH, FL 33409						
FEI Number: 65-0901028 FEI Number Applied For () FEI N		FEI Number Not App	licable () Certificat	e of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MOHLER, TOM 560 VILLAGE BOULEVARD, SUITE 250 BRANDYWINE II WEST PALM BEACH, FL 33409 US 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.						
SIGNATUR	E:					
Electronic Signature of Registered Agent				Γ	Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E MOHLER, JONAT 5946 62ND LANE VERO BEACH, F	i .	Title: Name: Address: City-St-Zip:	()Change() Addition	
Title: Name: Address: City-St-Zip:	D () E MOHLER, TOM 1400 THE POINT WEST PALM BEA		Title: Name: Address: City-St-Zip:	D (X) Change (MOHLER, TOM 525 SOUTH FLAGLER DR WEST PALM BEACH, FL	., PF3	
Title: Name: Address: City-St-Zip:	D ()E MOHLER, TIM 160 YACHT CLUI HYPOLUXO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E MOHLER, CHARI 641 LAVERS CIR DELRAY BEACH	LES ICLE, APT. 108	Title: Name: Address: City-St-Zip:	D (X) Change (MOHLER, CHARLES 374 PALMETTO STREET WEST PALM BEACH, FL		
Title: Name: Address: City-St-Zip:	D () E ROSENBLUM, HO 286 KNOTTYWO WELLINGTON, F	OD LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E SWORDS, CIARA 4601 NW 27TH A BOCA RATON, FI	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MOHLER D 01/28/2005