2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# P99000014853

Entity Name: SPECTRE ENTERPRISES, INC.

Current Principal Place of Business:

560 VILLAGE BOULEVARD, SUITE 250
BRANDYWINE II
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

560 VILLAGE BOULEVARD, SUITE 250
BRANDYWINE II
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0901028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHLER, TOM
560 VILLAGE BOULEVARD, SUITE 250
BRANDYWINE II
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MOHLER, JONATHAN	
Address:	5946 62ND LANE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	D	( ) Delete
Name:	MOHLER, TOM	
Address:	525 SOUTH FLAGLER DR., PF3	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	MOHLER, TIM	
Address:	160 YACHT CLUB WAY, APT. 303	
City-St-Zip:	HYPOLUXO, FL 33462	
Title:	D	( ) Delete
Name:	MOHLER, CHARLES	
Address:	374 PALMETTO STREET	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	D	( ) Delete
Name:	ROSENBLUM, HOWARD	
Address:	286 KNOTTYWOOD LANE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	SWORDS, CIARAN	
Address:	4601 NW 27TH AVENUE	
City-St-Zip:	BOCA RATON, FL 33434	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JONATHAN MOHLER D 05/02/2006

Electronic Signature of Signing Officer or Director — Date