2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000016192

1. Entity Name
SPECTRUM GLOBAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3609 FT. PEYTON CIRCLE ST. AUGUSTINE FL 32086	3609 FT. PEYTON CIRCLE ST. AUGUSTINE FL 32086

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3494011 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLDEEN, WILLIAM B
3609 FT. PEYTON CIRCLE
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 acc... 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
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HOLDEEN, WILLIAM B		NAME		
STREET ADDRESS	3609 FORT PEYTON CR		STREET ADDRESS	U00000538063	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086		CITY-ST-ZIP	05/08/06-80077-018 150.00	
TITLE	C	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LACOURSE, STEVE J		NAME		
STREET ADDRESS	3303 SANDDOLLAR CT		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LACOURSE, DANIEL		NAME		
STREET ADDRESS	3303 SANDDOLLAR CT		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform... 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 dire... 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 Bloc... if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] 4-18-06 814-2215