

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 19, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                               |                                                                                       |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S12092</b><br>1. Entity Name<br><b>SPREAD SPECTRUM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                               |                                                                                       |                                                                                        |  |
| Principal Place of Business<br><b>2612 S RIVERVIEW DR<br/>MELBOURNE FL 32901<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                               | Mailing Address<br><b>2612 S RIVERVIEW DR<br/>STE 3<br/>MELBOURNE FL 32901<br/>US</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                       |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | City & State                                  |                                                                                       | 4. FEI Number <b>59-3042947</b>                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | Country                                       |                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PALMER, WILLIAM R.<br/>2612 S RIVERVIEW DR<br/>MELBOURNE FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                               |                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                               |                                                                                       |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                               |                                                                                       | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PM<br>PALMER, WILLIAM R<br>2612 S RIVERVIEW DR<br>MELBOURNE FL |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| 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 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. |                                                                |                                               |                                                                                       |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                               | 3/15/07 321-543-3276                                                                  |                                                                                                                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                               |                                                                                       |                                                                                                                                                                         |  |