## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85302

City-St-Zip: WINDERMERE, FL 34786 US

Entity Name: MICHAEL SPINELLI, INC.

FILED Apr 23, 2005 Secretary of State

Entity Na	ME. WICHAEL SPINELLI, INC.			
Current P	Principal Place of Business:	New Principal Place o	of Business:	
P O BOX : WINDERN	2535 MERE, FL 34786 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P O BOX : WINDERN	2535 MERE, FL 34786 US			
FEI Number	:: 65-0289783 FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of Current Registered Age	nt: Name and Address of	New Registered Agent:	
1600 W. C	, JOHN M. P.A. COMMERCIAL BLVD. ERDALE, FL 33309 US			
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	d Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete SPINELLI, MICHAEL MR. P.O. BOX 2535, N/A WINDERMERE, FL 34786 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VPD () Delete SPINELLI, JOSEPH MR. P. O. BOX 2535, N/A	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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: MICHAEL SPINELLI PD 04/23/2005