

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # V01905 1. Entity Name 1801 SP INC.	
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Principal Place of Business 5 FARMERS RD GREAT NECK, NY 11024 US	Mailing Address 5 FARMERS RD GREAT NECK, NY 11024 US
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DO NOT WRITE IN THIS SPACE



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0874861	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES INC 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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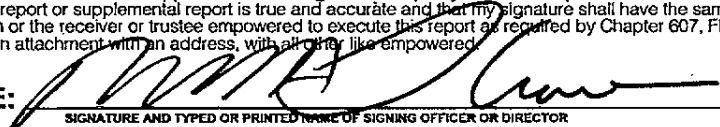
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRANE, RONALD L 5 FARMERS RD. GREAT NECK, NY 11024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRANE, PAULA 5 FARMERS RD. GREAT NECK, NY 11024
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05/20/06-80094-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5/16/06 Date	Daytime Phone # _____ Daytime Phone #
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