

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003189

Entity Name: SPECIALTY PLANNERS, INC.

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

33 N CENTRAL AVE SUITE 317
MEDFORD, OR 97501

New Principal Place of Business:

Current Mailing Address:

33 N CENTRAL AVE SUITE 317
MEDFORD, OR 97501

New Mailing Address:

FEI Number: 94-1383985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EATON, ARTHUR T
Address: 33 N CENTRAL AVE STE 317
City-St-Zip: MEDFORD, OR 97501

Title: VP () Delete
Name: PITBLADDO, RICHARD
Address: 33 N CENTRAL AVE STE 317
City-St-Zip: MEDFORD, OR 97501

Title: TREAS () Delete
Name: DINSMORE, MARK
Address: 33 N CENTRAL AVE STE 317
City-St-Zip: MEDFORD, OR 97501

Title: SEC () Delete
Name: RAUCH, MICHAEL
Address: 33 N CENTRAL AVE STE 317
City-St-Zip: MEDFORD, OR 97501

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:

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: TOM EATON

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

Date