

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 025 \*\*\*150.00



DOCUMENT # F98000002326

1. Entity Name  
 SPECIALTY MINERALS INC.

Principal Place of Business  
 375 MUSCOGEE RD.  
 CANTONMENT, FL 32533

Mailing Address  
 405 LEXINGTON AVENUE  
 20TH FLOOR  
 NEW YORK, NY 10174 US



04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 13-3678712 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASSIMINE, KENNETH L
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 101741901
TITLE	D
NAME	GRAY, S. GARRETT <i>Kirk Forrest</i>
STREET ADDRESS	405 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 101741901
TITLE	DP
NAME	SAUERACKER, PAUL R
STREET ADDRESS	405 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 101741901
TITLE	TVPF
NAME	SOREL, JOHN A <i>John A SOREL</i>
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 101741901
TITLE	VPT
NAME	WILLIAM, KROMBERG
STREET ADDRESS	405 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 101741901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *William Kromberg* 4/22/05 212 878 1834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #