


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90160 038 ***150.00

DOCUMENT # F98000002326

1. Entity Name
SPECIALTY MINERALS INC.



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

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03202007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME MASSIMINE, KENNETH L STREET ADDRESS 405 LEXINGTON AVE CITY-ST-ZIP NEW YORK, NY 101741901	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE D Delete <input type="checkbox"/>	NAME FORREST, KIRK STREET ADDRESS 405 LEXINGTON AVE. CITY-ST-ZIP NEW YORK, NY 101741901	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE DP Delete <input type="checkbox"/>	NAME SAUERACKER, PAUL R STREET ADDRESS 405 LEXINGTON AVE. CITY-ST-ZIP NEW YORK, NY 101741901	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE TVPF Delete <input type="checkbox"/>	NAME SOREL, JOHN A STREET ADDRESS 405 LEXINGTON AVE CITY-ST-ZIP NEW YORK, NY 101741901	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPT Delete <input type="checkbox"/>	NAME WILLIAM, KROMBERG STREET ADDRESS 405 LEXINGTON AVENUE CITY-ST-ZIP NEW YORK, NY 101741901	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

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: _____ **4-11-07** **212-878-1843**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #