

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108558

Entity Name: SPECIALTY PEOPLE, INC.

FILED  
Jun 15, 2006  
Secretary of State

**Current Principal Place of Business:**

2205 CLIMBING IVY DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1219  
CAROLINA BEACH, NC 28428

**New Mailing Address:**

FEI Number: 56-2185613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWSON, STEPHEN J  
2205 CLIMBING IVY DRIVE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

QUALITY BOOKKEEPING SERVICES, INC.  
4000 OLEANDER DRIVE  
SUITE 2B  
WILMINGTON, NC, FL 28403 US

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: JULIE WILLIAMS

06/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAWSON, STEPHEN J  
Address: 2205 CLIMBING IVY DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: LAWSON, TRACY D  
Address: 2205 CLIMBING IVY DRIVE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LAWSON, STEPHEN J  
Address: 2205 CLIMBING IVY DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: SEC (X) Change ( ) Addition  
Name: LAWSON, TRACY D  
Address: 2205 CLIMBING IVY DRIVE  
City-St-Zip: TAMPA, FL 33618

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: JULIE WILLIAMS

RA

06/15/2006

Electronic Signature of Signing Officer or Director

Date