

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90035 021 ***150.00

DOCUMENT # P04000108558
 1. Entity Name
 SPECIALTY PEOPLE, INC.



Principal Place of Business
 2205 CLIMBING IVY DRIVE
 TAMPA, FL 33618

Mailing Address
 PO BOX 1219
 CAROLINA BEACH, NC 28428

2. Principal Place of Business - No P.O. Box #
 4077 Orient Drive
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 7898
 Suite, Apt. #, etc.

City & State
 Hernando Beach NC
 Zip 34607 Country US

City & State
 Wilmington NC
 Zip 28406 Country US

Barcode
 04302007 Chg-P CR2E034 (12/06)
 4. FEI Number
 56-2185613 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUALITY BOOKKEEPING SERVICES, INC.
 4000 OLEANDER DRIVE
 SUITE 2B
 WILMINGTON, NC, FL 28403

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES LAWSON, STEPHEN J 2205 CLIMBING IVY DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4077 Orient Drive Hernando Beach FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAWSON, TRACY D 2205 CLIMBING IVY DRIVE TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4077 Orient Drive Hernando Beach FL 34607
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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: Julie Williams Julie Williams RA 4/30/07 910-452-0480
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #