

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90118 019 \*\*\*158.75

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<b>DOCUMENT # P04000109789</b> 1. Entity Name <b>SPECIALTY PRODUCTS DISTRIBUTING GROUP, INC.</b>					
Principal Place of Business <b>4615 GULF BLVD. SUITE 104-132 ST PETERSBURG BEACH, FL 33706</b>			Mailing Address <b>4615 GULF BLVD. SUITE 104-132 ST PETERSBURG BEACH, FL 33706</b>		
2. Principal Place of Business <b>7217 GULF BLVD</b>		3. Mailing Address <b>7217 GULF BLVD</b>		01192006    Chg-P    CR2E034 (11/05)	
Suite/Apt. #, etc. <b>132</b>		Suite/Apt. #, etc. <b>132</b>			
City & State <b>ST PETE BEACH, FL</b>		City & State <b>ST PETE BEACH, FL</b>			
Zip <b>33706</b>		Country <b>USA</b>			
4. FEI Number <b>20-1524011</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>KNAUST, WARREN J 2167 5TH AVE. NORTH ST PETERSBURG, FL 33713</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete <b>KNAUST, WARREN J 2167 FIFTH AVENUE NORTH ST PETERSBURG, FL 33713</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/19/06    727 360 4088 <small>Date    Daytime Phone #</small>		