

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 004 ***150.00

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03302006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000085327					
1. Entity Name SPECIALTY MANAGEMENT SERVICES, INC.					
Principal Place of Business 1660 GRANDVIEW KISSIMMEE, FL 34741 US			Mailing Address 1660 GRANDVIEW KISSIMMEE, FL 34741 US		
2. Principal Place of Business 1660 Grandview Blvd. Suite, Apt. #, etc.		3. Mailing Address 717 East Oak Street Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3473897 Applied For Not Applicable	
Zip 34744	Country	Zip 34744	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RALSTON, STEPHEN 1660 GRANDVIEW KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1660 Grandview Blvd. City FL Zip Code 34744		
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, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD RALSTON, STEPHEN M 1660 GRANDVIEW KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1660 Grandview Blvd. 34744 <input checked="" 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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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		
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:		Date: 4/8/06		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					