

2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 MAY 25 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S70167 1. Entity Name SPECIALTY SPORTS, INC.	
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Principal Place of Business 9900 STIRLING RD 227 COOPER CITY, FL 33024 US	Mailing Address 9900 STIRLING RD 227 COOPER CITY, FL 33024 US
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2. Principal Place of Business - No P.O. Box # <i>9900 Stirling Rd</i> Suite, Apt. #, etc. <i>#207</i>	3. Mailing Address <i>9900 Stirling Rd.</i> Suite, Apt. #, etc. <i>#207</i>
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05072010 Chg-P CR2E034 (11/08)

City & State <i>Cooper City, FL</i> Zip <i>33024</i>	City & State <i>Cooper City, FL</i> Zip <i>33024</i>
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4. FEI Number 65-0274748	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent FERMAN, GARY 10841 SANTA FE DRIVE COOPER CITY, FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: DATE: *5/14/10*

(NOTE: Registered Agent signature required when reestablishing)

FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERMAN, GARY	NAME	
STREET ADDRESS	9900 STIRLING ROAD #227	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY, FL 33024	CITY-ST-ZIP	

900180634969
05/10/10--01032--001 **150.00

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: *5/14/10*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/10