


FILED  
Jul 14, 2005 8:00 am  
Secretary of State

06-29-2005 90004 025 \*\*\*550.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 463637</b> 1. Entity Name <b>MILTON SPECTER, INC.</b>	
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Principal Place of Business <b>2945 SOUTH MILITARY TRAIL WEST PALM BCH., FL 33415-9233</b>	Mailing Address <b>P.O. BOX 678 CLIFTON, NJ 07012 US</b>
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**66024632**



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1564061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MORRIS, NATHANIEL  
2406 RIVERHAMMOCK LANE  
FORT PIERCE, FL 34981**

*Nathaniel Morris*

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LING, DONALD C 444 VALLEY WAY BRICKTOWN, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST D'ANTONIO, ANN 435 ALLWOOD ROAD CLIFTON, NJ 07012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-11-05 913-773-7336*  
Date Daytime Phone