

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 463637

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: MILTON SPECTER, INC.

**Current Principal Place of Business:**

2945 SOUTH MILITARY TRAIL  
WEST PALM BCH., FL 334159233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 678  
CLIFTON, NJ 07012 US

**New Mailing Address:**

FEI Number: 59-1564061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LING, DONALD C  
Address: 1001 HOPEWELL AVENUE  
City-St-Zip: OCEAN, NJ 07712

Title: ST ( ) Delete  
Name: D'ANTONIO, ANN  
Address: 435 ALLWOOD ROAD  
City-St-Zip: CLIFTON, NJ 07012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN D'ANTONIO

SECY

04/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date