


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

|  |   |                                 |   |  |  |
|--|---|---------------------------------|---|--|--|
| <b>DOCUMENT # 493540</b><br>1. Entity Name<br><b>SPECIAL ADMINISTRATIVE SERVICES, INC.</b>   |   |                                 |   |                                       |  |
| Principal Place of Business<br><b>4059 SAN BERNADO DRIVE<br/>JACKSONVILLE FL 32217</b>   |   |                                 |   | Mailing Address<br><b>4059 SAN BERNADO DRIVE<br/>JACKSONVILLE FL 32217</b>   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |   |  |  |
| City & State   |   | City & State                    |   | 4. FEI Number<br><b>59-1638873</b>   |  |
| Zip  |   | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DUSHOFF, JUDY<br/>4059 SAN BERNADO DRIVE<br/>JACKSONVILLE FL 32217</b>   |   |                                 |   | 7. Name and Address of New Registered Agent  |  |
|  |   |                                 |   | Name   |  |
|  |   |                                 |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |   |                                 |   | City <span style="float: right;"><b>FL</b> Zip Code</span>   |  |
| 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 reconstituting)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |  |
| 10. OFFICERS AND DIRECTORS   |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PO<br/>DUSHOFF, JUDY<br/>4059 SAN BERNADO DR<br/>JACKSONVILLE FL</b>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>U00000484273<br/>04/12/06-80032-007 150.00</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TSD<br/>DUSHOFF, IRA M<br/>4059 SAN BERNADO DR<br/>JACKSONVILLE FL</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |                                 |   |  |  |
| <b>SIGNATURE: <i>Ira M Dushoff</i> IRA M DUSHOFF TREAS/SEC 3-29-06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                                 |   |  |  |