
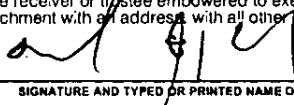


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # 845256		
1. Entity Name SEMI SPECIALISTS OF AMERICA, INC.		
Principal Place of Business 43 CORPORATE DR. HAUPPAUGE, NY 11788 US		Mailing Address 43 CORPORATE DR. HAUPPAUGE, NY 11788 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELLY, MICHAEL J 10155 EVENTIDE CT ORLANDO, FL 32821		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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when renouncing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, MICHAEL 43 CORPORATE DR. HAUPPAUGE, NY 11788	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 I am empowered.		
SIGNATURE: 		Date: 1/25/08 Daytime Phone #: 631-457-2000



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2333140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/05/08-80034-004 150.00