

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004153

FILED
Mar 20, 2006
Secretary of State

Entity Name: HANOVER SPECIALTIES, INC.

Current Principal Place of Business:

82 MODULAR AVE
COMMACK, NY 11725

New Principal Place of Business:

901 MOTOR PARKWAY
HAUPPAUGE, NY 11788

Current Mailing Address:

82 MODULAR AVE
COMMACK, NY 11725

New Mailing Address:

901 MOTOR PARKWAY
HAUPPAUGE, NY 11788

FEI Number: 11-2288335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WITES, MARC A
1761 W. HILLSBORO BLVD., #403
DEERFIELD BEACH, FL 33442 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: PCD () Delete
Name: NOSKIN, ARTHUR
Address: 42 LARKSPUR LA
City-St-Zip: COMMACK, NY

Title: VSD () Delete
Name: NOSKIN, STEVEN
Address: 1 TRUXTON DR.
City-St-Zip: DIX HILLS, NY

Title: T () Delete
Name: NOSKIN, ARTHUR
Address: 42 LARKSPR LANE
City-St-Zip: COMMACK, NY 11725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: NOSKIN, ARTHUR
Address: 388 ALTESSA BLVD
City-St-Zip: MELVILLE, NY 11747

Title: VSD (X) Change () Addition
Name: NOSKIN, STEVEN
Address: 12 WAYDALE AVE
City-St-Zip: DIX HILLS, NY 11746

Title: T (X) Change () Addition
Name: NOSKIN, ARTHUR
Address: 388 ALTESSA BLVD
City-St-Zip: MELVILLE, NY 11747

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: STEVEN NOSKIN

VSD

03/20/2006

Electronic Signature of Signing Officer or Director

Date