2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004153

Address:

City-St-Zip:

388 ALTESSA BLVD

MELVILLE, NY 11747

Entity Name: HANOVER SPECIALTIES, INC.

FILED Jan 29, 2009 Secretary of State

		er or Echaerieo, irvo.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OR PARKWAY JGE, NY 1178				
Current Mailing Address:			New Mailing Address:		
	OR PARKWAY JGE, NY 1178				
FEI Number	: 11-2288335	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
The above	TH FEDERAL USE POINT, F	L 33064 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
0.014/ (10.		nic Signature of Registered Age	ent	 Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD (NOSKIN, ARTH 388 ALTESSA MELVILLE, NY	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (NOSKIN, STEV 12 WAYDALE DIX HILLS, NY	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (NOSKIN, ARTH) Delete IUR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: STEVEN NOSKIN VSD 01/29/2009