2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003358

City-St-Zip:

ROCKPORT, MA 01966

FILED Aug 08, 2006 Secretary of State

Entity Name: SPECIALIZED RECEIVABLES, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
7 AUDUBON ROAD WAKESFIELD, MA 01880			7 AUDUBON ROAD WAKEFIELD, MA 0188	7 AUDUBON ROAD WAKEFIELD, MA 01880	
Current Ma	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
7 AUDUBON ROAD WAKESFIELD, MA 01880			7 AUDUBON ROAD WAKEFIELD, MA 0188	7 AUDUBON ROAD WAKEFIELD, MA 01880	
FEI Number:	04-2928724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
MILLER, ROBERT 6277 KAMPUR CT. BOYNTON BEACH, FL 33437 US			FERRO, JOSEPH 4380 OAKES ROAD SUITE 800 DAVIE, FL 33314 US	4380 OÁKES ROAD SUITE 800	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: JOSEPH	FERRO		08/08/2006	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROTONDI, SAI	WEALTH AVE., #401	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCP (MOLETTIERE, 29 NORTHSTO SWAMPSCOT	ONE ROAD, #4	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MEEKER, TED 8 WHALE COV		Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LOUIS MOLETTIERE PRES 08/08/2006