

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003358

FILED
Jun 24, 2008
Secretary of State

Entity Name: SPECIALIZED RECEIVABLES, INC.

Current Principal Place of Business:

7 AUDUBON ROAD
WAKEFIELD, MA 01880

New Principal Place of Business:

Current Mailing Address:

7 AUDUBON ROAD
WAKEFIELD, MA 01880

New Mailing Address:

FEI Number: 04-2928724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRO, JOSEPH
4380 OAKES ROAD
SUITE 800
DAVIE, FL 33314 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CST () Delete
Name: ROTONDI, SAMUEL
Address: 148 COMMONWEALTH AVE., #401
City-St-Zip: BOSTON, MA 02116

Title: VCP () Delete
Name: MOLETTIERE, LOUIS A
Address: 29 NORTHSTONE ROAD, #4
City-St-Zip: SWAMPSCOTT, MA 01907

Title: D () Delete
Name: MEEKER, TED
Address: 8 WHALE COVE RD.
City-St-Zip: ROCKPORT, MA 01966

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROTONDI, SAMUEL
Address: 148 COMMONWEALTH AVE., #401
City-St-Zip: BOSTON, MA 02116

Title: COO (X) Change () Addition
Name: MOLETTIERE, LOUIS A
Address: 29 NORTHSTONE ROAD, #4
City-St-Zip: SWAMPSCOTT, MA 01907

Title: CEO (X) Change () Addition
Name: DIMARCO, MICHAEL
Address: 3 CITY PLACE DR, SUITE 690
City-St-Zip: ST LOUIS, MO 63141

Title: SECR () Change (X) Addition
Name: HAIZ, PATRICK
Address: 3 CITYPLACE DR, SUITE 690
City-St-Zip: ST LOUIS, MO 63141

Title: ASEC () Change (X) Addition
Name: ROWLAND, MARK
Address: 3 CITYPLACE DR, SUITE 690
City-St-Zip: ST LOUIS, MO 63141

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.

SIGNATURE: HEATHER FIESER

DOF

06/24/2008

Electronic Signature of Signing Officer or Director

Date