2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F30349

1. Entity Name
ALLIED SPECIALTY COMPANY, INC.



FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

4817 GRAPEVINE WAY FORT LAUDERDALE, FL 33331 Mailing Address

4817 GRAPEVINE WAY FORT LAUDERDALE, FL. 33331



DO NOT WRITE IN THIS SPACE

03202007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2201488

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

LEBOYER, KARL 4817 GRAPEVINE WAY FORT LAUDERDALE, FL 33331

DO NOT WRITE IN THIS SPACE

 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						
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	H00000683502 04/05/07-80048-006	158.75
10.	OFFICERS AND DIREC	CTORS				
name Street address City-St-Zip	TD LEBOYER, KARL S 4817 GRAPEVINE WAY FORT LAUDERDALE, FL 33331					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 receives 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment that I am an officer or director of the corporation or the receives or trustee empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PROTED RAME OF MIGNING OFFICER OR DIRE

03/23/07

954-252-8570

Daytime Pho