


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F76332**  
 1. Entity Name  
**INVENTORIES SPECIALISTS INC.**



Principal Place of Business      Mailing Address  
**3615 W WATERS AVE**      **3615 W WATERS AVE**  
**TAMPA, FL 33614**      **TAMPA, FL 33614**

**DO NOT WRITE IN THIS SPACE**



02152006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2200225**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEIN, MARTIN**  
**16458 TURNBURY OAK DR**  
**ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIN, MARTIN 16458 THURNBERRY OAK DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER-GRANDE, SANDRA 10609 WILD MEADOW WAY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIN, JAQUELIN N 16458 TURNBERRY OAK DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANDE, FRANK 10609 WILD MEADOW WAY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000487938  
 04/14/06-80018-005 150.00

12. I hereby certify that the information supplied with this filing 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 receiver 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 with an address, with all other like empowered.

SIGNATURE: Martin Wein      **MARTIN WEIN**      3/30/06      813 933-2719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #