


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90051 018 \*\*\*150.00

<b>DOCUMENT # F76332</b> 1. Entity Name INVENTORIES SPECIALISTS INC.	
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Principal Place of Business 3615 W WATERS AVE TAMPA, FL 33614	Mailing Address 3615 W WATERS AVE TAMPA, FL 33614
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2200225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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**

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** **4/3/07** **813 933-2719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #