

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F76332

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: INVENTORIES SPECIALISTS INC.

**Current Principal Place of Business:**

3615 W WATERS AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3615 W WATERS AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-2200225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEIN, MARTIN  
16458 TURNBURY OAK DR  
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEIN, MARTIN,  
Address: 16458 THURNBERRY OAK DR  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: BAKER-GRANDE, SANDRA  
Address: 10609 WILD MEADOW WAY  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: WEIN, JAQUELIN N  
Address: 16458 TURNBERRY OAK DR  
City-St-Zip: ODESSA, FL 33556

Title: STD ( ) Delete  
Name: GRANDE, FRANK,  
Address: 10609 WILD MEADOW WAY  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARTIN WEIN

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date