


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F97000002617		
1. Entity Name SPECIALISTS OF ENTERPRISE, INC.		

Principal Place of Business 705 BOLL WEEVIL CR #4 ENTERPRISE, AL 36330	Mailing Address PO BOX 311621 ENTERPRISE, AL 36331
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  HELMS, TIFFANY A 150 REDSTONE DR CRESTVIEW, FL 32539	
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7. Name and Address of New Registered Agent Name: JOHN D. BOWDEN Street Address (P.O. Box Number is Not Acceptable): 102 ALABAMA ST., SUITE B City: CRESTVIEW FL Zip Code: 32536-2544	
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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: <i>John D. Bowden</i> JOHN D. BOWDEN, PRESIDENT 07/12/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HELMS, TIFFANY 705 BOLL WEEVIL CR SUITE 4 ENTERPRISE, AL 36330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TIFFANY HELMS BAIRD 705 BOLL WEEVIL CR, SUITE 4 ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN D. BOWDEN 705 BOLL WEEVIL CR, SUITE 4 ENTERPRISE, AL- 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200079380612 08/04/06--01043--020 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>John D. Bowden</i> JOHN D. BOWDEN, PRES. 07/12/2006 800-445-4482 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

FILED  
06 JUL 27 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07122006 Chg-P CR2E034 (11/05)



4. FEI Number 63-1183513	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

K. Eckel AUG 01 2006