2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State DOCUMENT #L17611 04-03-2006 90352 034 ***150.00 1. Entity Name BOYD SPECIALTIES, INC. 40045221 Principal Place of Business Mailing Address 1701 N 110 HUNGE 1701 N. USHIM P.O. BOX 851 P.O. BOX 851 ORMOND BEACH, FL 32175 ORMOND BEACH, FL 32175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2965702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYD, CAROLYN 1701 N. US HWY #1 Street Address (P.O. Box Number is Not Acceptable) W. Internationa **LOT 100M** ORMOND BEACH, FL 32174 City Day tona Zip Code Beach 32114 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. 1-9-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Defete BOYD, ROBERT B. NAME NAME STREET ADDRESS 1701 N. US HWY #1, #100M 3175 W. International Speedway Blod STREET ADORESS CITY-ST-ZIP ORMOND BEACH, FL CITY-ST-ZIP Daytona Beach, PL 32124 TITLE Change Addition ☐ Delete TITLE NAME BOYD, CAROLYN MALLE STREET ADDRESS 1701 N. US HWY #1, #100M 3175 W. International Speedury Blud STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL CITY-ST-ZIP Daytona Beach, FL 32124 TITLE ☐ Delete ШĖ ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CAROLYN BOYD

SIGNATURE AND OPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED