

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63729

FILED
Apr 03, 2007
Secretary of State

Entity Name: PHARMACEUTICAL SPECIALTIES, INC.

Current Principal Place of Business:

3215 SOUTH MACDILL AVENUE
SUITE F
TAMPA, FL 336298172

New Principal Place of Business:

4330 SOUTH MANHATTAN AVE
TAMPA, FL 33611

Current Mailing Address:

3215 SOUTH MACDILL AVENUE
SUITE F
TAMPA, FL 336298172

New Mailing Address:

4330 SOUTH MANHATTAN AVE
TAMPA, FL 33611

FEI Number: 59-3005264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOYE, ROBERT STEPHEN
3215 SOUTH MACDILL AVENUE
SUITE F
TAMPA, FL 336298172 US

Name and Address of New Registered Agent:

HOYE, ROBERT STEPHEN
4330 SOUTH MANHATTAN AVE
TAMPA, FL 33611 US

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: ROBERT S HOYE

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOYE, ROBERT STEPHEN
Address: 3215 SOUTH MACDILL AVENUE, SUITE F
City-St-Zip: TAMPA, FL 336298172

Title: SEC () Delete
Name: HOYE, KATHERINE L
Address: 3215 SOUTH MACDILL AVE
City-St-Zip: TAMPA, FL 336298172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOYE, ROBERT STEPHEN
Address: 4330 SOUTH MANHATTAN AVE
City-St-Zip: TAMPA, FL 33611

Title: SEC (X) Change () Addition
Name: HOYE, KATHERINE L
Address: 4330 SOUTH MANHATTAN AVE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT S HOYE

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date