## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Feb 07, 2006 08:00 AN DOCUMENT # P01000018927 1. Entity Name **Secretary of State** SPECIAL EFX, INC. Principal Place of Business Mailing Address 7024 CHARLESTON SHORES BOULEVARD 7024 CHARLESTON SHORES BOULEVARD LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1079487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22 ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ragistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** HILE NAME RIDKY, RICHARD J STREET ADDRESS 7024 CHARLESTON SHORES BOULEVARD CITY-ST-789 LAKE WORTH, FL 33467 TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ATTURE AND WATER OF SIGNING OFFICER OR DIRECTOR LINEY PORSON Dato

12/30/05

Daytime Phone #