2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022425

Entity Name: SPECIAL T'S & MORE, INC.

FILED Mar 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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PO BOX 450201 2760 MICHIGAN AVE

KISSIMMEE, FL 34745 02 SUITE 1

KISSIMMEE, FL 34744

Current Mailing Address: New Mailing Address:

P.O. BOX 450201 P.O. BOX 450201

KISSIMMEE, FL 34745 02

FEI Number: 59-3699765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MUSTAFA, SHAKIR 14120 SIERRA VISTA DR. ORLANDO, FL 32837 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MUSTAFA, SHAKIR
 Name:
 MUSTAFA, SHAKIR

 Address:
 SIERRA VISTA DR.
 Address:
 14120 SIERRA VISTA DR.

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 ORLANDO, FL 32837

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 MUSTAFA, KHALIDA
 Name:
 MUSTAFA, KHALIDA

 Address:
 14120 SIERRA VISTA DR.
 Address:
 14120 SIERRA VISTA DR.

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 ORLANDO, FL 32837

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 MUSTAFA, MAZIN
 Name:
 MUSTAFA, MAZIN

 Address:
 14029 SIERRA VISTA DR.
 Address:
 14029 SIERRA VISTA DR.

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 ORLANDO, FL 32837

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: SHAKIR MUSTAFA P 03/11/2007